Invoice:
Services From Vendor

Complete one invoice per student per month.

Vendor Name: _____

Student Name: _____ **Student ID#:** _____

Facilitator Name: _____

Dates of service on this invoice:

From: _____ **To:** _____

Date	Activities	Comment	Hours	Rate/Hr	Total $	Student Signature
		Totals:				

Vendor Signature: _____

Parent Signature: _____

For office use only:

Vendor approval date: _____

8/02