

Business Name: \_\_\_\_\_

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Primary Business Address:

Phone Number:

# INVOICE

Invoice #: Invoice Date: Customer ID:
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<b>SEND PAYMENT TO:</b>

**I APPROVE THIS INVOICE TO BE PAID**

\_\_\_\_\_  
 Vicki Davis, Assistant Superintendent

\_\_\_\_\_  
 Date

*(To be completed by District Title I Office)*

## ATTENDANCE ROSTERS AND PROGRESS REPORTS ARE ATTACHED

Student Name	Student ID#	Actual Number of Hours of Service	Rate Per Hour	Total
			Balance Due	