Vendor Letter Head

**INVOICE**

Date:

Purchase Order Number:

Bill To: Copy To:

District of Columbia Public Schools Regina Grimmett

Office of the Chief Financial Officer Related Services

1200 First Street NE, 11th Floor Division of Specialized Instruction

Washington, DC 20002 District of Columbia Public Schools

Attn: Special Education Payment Unit 1200 First Street, NE, 8th floor

Email to: [dcps.invoices@dc.gov](mailto:dcps.invoices@dc.gov) Washington, DC 20002

T. 202.365.0782

E. [regina.grimmett@dc.gov](mailto:regina.grimmett@dc.gov)

Service Period: 9/1/2017- 9/30/2017

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor Name | Position | | # of Students | Total # of Sessions | | Rate Per Session | | Total Amount |
| Therapist A | SLP | |  | 80 | | $1.00 | | $80.00 |
| Therapist B | OT | |  | 40 | | $1.00 | | $40.00 |
|  |  | |  |  | |  | |  |
|  |  | |  |  | |  | |  |
| Invoice Total |  |  | | |  | |  | 120.00 |

Send Payment to: Questions or Comments Contact:

Address Contact Information

Address

Telephone Number