

**Vendor Letter Head**

**INVOICE**

**Invoice #** 082021  
**Invoice Date:** September 15, 2021  
**Purchase Order Number:** P01234567  
**Service Period:** 8/1/2021- 8/30/2021

**Bill To:**  
District of Columbia Public Schools  
Office of the Chief Financial Officer  
1200 First Street NE, 9<sup>th</sup> Floor  
Washington, DC 20002  
Attn: Special Education Payment Unit  
Email to: [dcps.invoices@dc.gov](mailto:dcps.invoices@dc.gov)

**Copy To:**  
Darla Kimbrough  
Speech-Language Pathology  
Division of Specialized Instruction  
District of Columbia Public Schools  
1200 First Street, NE, 8<sup>th</sup> floor  
Washington, DC 20002  
E. [darla.kimbrough@k12.dc.gov](mailto:darla.kimbrough@k12.dc.gov)

<b>Contractor Name</b>	<b>Documentation Verified</b>	<b>Services Delivery Verified</b>	<b>Total Hours Worked</b>	<b>Rate Per Session</b>	<b>Total Amount</b>
Therapist A	yes	yes	35	\$1.00	\$35.00
Therapist B	yes	yes	35	\$1.00	\$35.00
<b>Invoice Total</b>					<b>120.00</b>

Send Payment to:  
Address

Questions or Comments Contact:  
Contact Information  
Address  
Telephone Number