{ENTER COUNTY NAME} County First Steps

COUNTDOWN TO KINDERGARTEN

**MONTHLY INVOICE**

This INVOICE is your request for payment from {ENTER COUNTY} County First Steps and should be used monthly.

1. Enter the visit date, the student's name, and amounts due.
2. Submit your expenses to {ENTER CONTACT INFORMATION}.
3. Remember to complete the bottom left of this sheet with date, teacher, district and school.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Home or School Visit** | **Date of Follow-up Phone Call** | **Student** | **Visit Amount Due** | **Mileage Amount Due** | | **Follow-up Phone Call Amount Due** | | **Payment to Disabilities Specialist** |
| **Example: July 2, 2021** | **Example: September 2, 2021** | **Example: John Smith** | **Enter $32/visit** | **Enter $8.33/visit** | | **Enter $16/phone call** | | **Enter $40.33/visit**  **(visit + mileage) + phone call** |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |
|  | **Total Invoice Amount (# of visits x 40.33 + # of follow-up phone calls):**  **$** | | | | | | |  |
|  |  |  |  |  |  |  | |  |
| **Date** |  |  | |  | | | Use this sheet multiple times for one month if you have more visits than the sheet will allow. | |
| **Disabilities Specialist** |  |  | |  | | |
| **District** |  |  | |  | | |
| **School** |  |  | |  | | |