{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, student's name, and visit mileage roundtrip. Calculate payment per visit and total invoice amounts.
2. Submit your expenses to {ENTER CONTACT INFORMATION}.
3. Remember to complete the bottom left of this sheet with date, teacher, district and school.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Home or School Visit** | **Date of Follow-up Phone Call** | **Student** | **Mileage Round Trip** | **Mileage Rate** | | **Mileage Amount Due** | | | **Home Visit Amount Due** | | | **Phone Call Amount Due** | | **Payment to Disabilities Specialist** | |
| **Example: July 2, 2021** | **Example: September 2, 2021** | **Example: John Smith** | **Example: 8 (round to the nearest whole #)** | **$0.56** | | **Multiply mileage round trip by mileage rate** | | | **Enter $32/visit** | | | **Enter $16/phone call** | | **Add mileage and home visit and phone call amounts due** | |
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|  | **Total Invoice Amount: $** | | | | | | | | | | |  | |  | |
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| **Date** |  |  | |  | |  | | | | | Use this sheet multiple times for one month if you have more visits than the sheet will allow. | | | | |
| **Disabilities Specialist** |  |  | |  | |  | | | | |
| **District** |  |  | |  | |  | | | | |
| **School** |  |  | |  | |  | | | | |