

Company Name: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Phone: _____

E-mail: _____

SPEECH THERAPY INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

Description	Hours	\$ / Hour	Amount (\$)

Comments or Special Instructions: _____

Payment is due within _____ days.

SUBTOTAL

DISCOUNT

TAX

TOTAL

Thank you for your business!

Sample Speech Therapy Invoice

L Darling-Hammond



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