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| [Teacher Name]  [Street Address - Home]  [City, State, ZIP Code]  [Phone Number]  [Email Address] | INVOICE **Invoice #** 100-LASTNAME**INVOICE** **Date:** mm/dd/yyyy |
| BILL To: KU Center for Research on Learning, Accounts Payable  1122 W. Campus Rd, 7th Fl  Lawrence, KS 66045  Email: [ku-transition@ku.edu](mailto:ku-transition@ku.edu) |  |

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| |  |  |  | | --- | --- | --- | | DESCRIPTION | Date(s) of Service | Amount | | T3I Professional Development  (Grant DED1001119)   * Attendance of one-day professional development session | MM/DD/YYYY | $150.00 | |  | **TOTAL DUE** | $150.00 | |