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| [Teacher Name]  [Street Address - Home]  [City, State, ZIP Code]  [Phone Number]  [Email Address] | INVOICE **Invoice #** 200-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 Semester 1 Activities  (Grant DED1001119)   * Collection of Parent/Guardian Consent * Collection of Student Assent * Attendance of one coaching session per month * Facilitation of Semester 1 (Block 1&2) student assessments as outlined in the Data Collection Plan * Completion of Semester 1 (Block 1&2) teacher surveys and observations as outlined in the Data Collection Plan * Implementation of assigned intervention | MM/DD/YYYY – MM/DD/YYYY | $300.00 | |  | **TOTAL DUE** | $300.00 | |