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| [Teacher Name][Street Address - Home][City, State, ZIP Code][Phone Number][Email Address] | INVOICE**Invoice #** 300-LASTNAME**INVOICE Date:** mm/dd/yyyy |
| BILL To:KU Center for Research on Learning Accounts Payable1122 W. Campus Rd, 7th FlLawrence, KS 66045Email: ku-transition@ku.edu |  |

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| DESCRIPTION | Date(s) of Service | Amount |
| T3I Semester 2 Activities (Grant DED1001119)* Attendance of one coaching session per month
* Facilitation of Semester 2 (Block 3& 4) student assessments as outlined in the Data Collection Plan
* Completion of Semester 2 (Block 3&4) teacher surveys and observations as outlined in the Data Collection Plan
* Continued implementation of assigned intervention
 | MM/DD/YYYY – MM/DD/YYYY | $300.00 |
|  | **TOTAL DUE** | $300.00 |

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