

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!