

# INVOICE FOR SERVICES RENDERED

**FROM:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS CITY/TOWN STATE ZIP CODE

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

**TO:** MARTHA'S VINEYARD PUBLIC SCHOOLS – SUPERINTENDENT'S OFFICE

***REMARKS/  
REASON*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACCOUNT TO BE CHARGED:** \_\_\_\_\_

**SIGNATURE OF APPROVAL:** \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

**DATE OF APPROVAL** \_\_\_\_\_