

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Invoice for Services/Materials to Charter Schools**

Department: _____ Loc #: _____
 Contact Person: _____
 Phone Number: _____

Charge to: Charter School: _____ Loc #: _____
 Address: _____

QUESTIONS REGARDING THIS INVOICE SHOULD BE DIRECTED TO THE ABOVE DEPARTMENT.

Invoice Date:	Invoice Number:
Order Number (if applicable):	
Description of Service(s) or Item(s) Provided to Charter School	Amount
	\$
Description of Service(s) or Item(s) Provided to Charter School	Amount
	\$
Description of Service(s) or Item(s) Provided to Charter School	Amount
	\$
Description of Service(s) or Item(s) Provided to Charter School	Amount
	\$
TOTAL	
	\$

Prepared by:
 Name _____
 Signature _____

Approved by:
 Name _____
 Signature _____

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Invoice for Services/Materials to Charter Schools
INSTRUCTIONS

Department: Department name and Loc #: number
 Contact Person: Name of department contact person
 Phone Number: Contact person's phone number

Charge to: Charter School: Charter school name and Loc #: number
 Address: Street and number
 City, State, and ZIP code

QUESTIONS REGARDING THIS INVOICE SHOULD BE DIRECTED TO THE ABOVE DEPARTMENT.

Invoice Date: <i>Date this invoice is prepared.</i>	Invoice Number: <i>Unique number created by dept.</i>
Order Number (if applicable): <i>Optional.</i>	
Description of Service(s) or Item(s) Provided to Charter School	Amount
<i>Service(s) provided and name of school board employee providing the service(s).</i> <i>♦ Indicate hourly rate and number of hours required by the service(s).</i> OR <i>Description of materials provided.</i>	\$ <i>Amount to be charged to charter school</i>
Description of Service(s) or Item(s) Provided to Charter School	Amount
<i>Use additional boxes as needed.</i>	\$
Description of Service(s) or Item(s) Provided to Charter School	Amount
<i>Use additional boxes as needed.</i>	\$
Description of Service(s) or Item(s) Provided to Charter School	Amount
<i>Use additional boxes as needed.</i>	\$
TOTAL	
<i>Enter total of amounts above.</i>	
\$	

Prepared by:
 Name Department personnel preparing form
 Signature Preparer's signature

Approved by:
 Name Responsible administrator
 Signature Administrator's signature