

# INVOICE

Name: \_\_\_\_\_  
 Foundation District: \_\_\_\_\_  
 School(s) Visited: \_\_\_\_\_  
 Dates of Travel: \_\_\_\_\_ to \_\_\_\_\_  
 Bill to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Attn: \_\_\_\_\_

PROFESSIONAL DEVELOPMENT FEE

Working Dates: \_\_\_\_\_ Number of Days: \_\_\_\_\_ x \$400 per day = \$ \_\_\_\_\_

TRAVEL EXPENSES

Expense Type	Vendor(s)	Additional Description		Amount
Airfare				
Train				
Rental Car				
Gas for Rental Car				
Mileage (IRS Standard Rate)		Miles	Rate	
			0.585	
Taxi or Shuttle				
Tolls				
Parking				
Lodging				
Meals				
Other (list below):				
<b>Sub-total Travel Expenses</b>				<b>\$</b>

**INVOICE TOTAL**  
**(Professional Development Fee + Travel Expenses) \$**

Make all checks payable to **The New York Institute for Special Education**, and mail to  
**Cornerstone, 1880 JFK Blvd., Suite 250, Philadelphia, PA 19103**

If you have any questions concerning this invoice, contact Stephanie Attreed at 215-701-4500