



BILL FOR SERVICES

Attention: **Board of Directors**
Lower Pioneer Valley Educational Collaborative

Service Provider _____ Phone _____
Address _____
City _____ State _____ Zip Code _____

Service Provided:
(Please Describe)

Service Provided
To:
(Program and/or Student)

Date and Time
Services
were provided:

Total Hours: _____ **X** **Rate:** _____ **=** **Total Due:** _____

Date: _____ **Provider Signature:** _____

FOR OFFICE USE ONLY

Account # to be Charged: _____

APPROVED BY:

Director: _____ **Date:** _____

Director of Finance: _____ **Date:** _____

Z:administration/forms/bill for services.pdf

LOWER PIONEER VALLEY EDUCATIONAL COLLABORATIVE

174 BRUSH HILL AVENUE, WEST SPRINGFIELD, MA 01089 PHONE 413-735-2200 FAX 413-735-2280

SERVING AGAWAM*EAST LONGMEADOW*HAMPDEN-WILBRAHAM*LONGMEADOW*LUDLOW*SOUTHWICK-TOLLAND-GRANVILLE*WEST SPRINGFIELD