
(FACILITY NAME)

(ADDRESS)

(ADDRESS)

**SCHOOL YEAR 2023-2024
INVOICE**

(MONTH ENDING DATE)

**Mississippi Department of Education
Attention: Educable Child Program
Office of Special Education
P. O. Box 771
Jackson, MS 39205**

STUDENT NAME: _____

| MONTH | NO. DAYS | DAILY RATE | AMOUNT DUE | APPLICATION TYPE (PARENT, DHS, PARENT MEDICAID, SCHOOL DISTRICTS) |
|--------------|-----------------|-------------------|-------------------|--|
| AUGUST | | | | |
| SEPTEMBER | | | | |
| OCTOBER | | | | |
| NOVEMBER | | | | |
| DECEMBER | | | | |
| JANUARY | | | | |
| FEBRUARY | | | | |
| MARCH | | | | |
| APRIL | | | | |
| MAY | | | | |

Verified By

Date

