

**Iam A. Consultant, M.A.**  
VNOG Consultant  
XXX Street Road  
A Town, Virginia XXXXX  
(XXX) 555-XXXX

To: Name  
Director of Exceptional Education  
XXXX County Public Schools  
P.O. Box XXXX  
Somewhere, VA XXXXX

For: VNOG Consultation  
at Name of School  
Date of Consult  
(Do NOT put student's name)

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**For Professional Services Rendered:**

<b>Reference</b>	<b>Type</b>	<b>Cost</b>
PO# XXXXX-00	Full day Observation, Meeting and Report	\$xxx.00
Mileage (xxx miles @ state rate/mile)		\$xxx.xx
	<b>Total:</b>	<b>\$877.73</b>

Signature: \_\_\_\_\_

Date: \_\_\_\_\_