

School Site Logo

School Address

Date: September 6, 2018

Mr. & Mrs XXXX

Address

City, State Zip

Re: Student Name
(DOB – XX/XX/XX)

INVOICE

DESCRIPTION: Copies of student records for Name for XX copies @ .10 per page

Copies – XX pages @ .10 per page = \$XX.XX

Under Education Code 56504, the District may charge for duplicating records. The cost is \$.10 per page.