

# COACHING INVOICE

Coach's Name \_\_\_\_\_

DATE: \_\_\_\_\_

Address \_\_\_\_\_

INVOICE #: \_\_\_\_\_

Phone: \_\_\_\_\_

Provider/Coachee Receiving Coaching \_\_\_\_\_

BILL TO: Morgan County Family Center, 411 Main Street, Suite 100 | Fort Morgan, CO 80701 **(Fiscal Agent)**

DATE OF COACHING ACTIVITY	DESCRIPTION OF COACHING ACTIVITY	QTY. HOURS	RATE	TOTAL

**TOTAL**

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date