**SUN**

**CONSULTANT**

**INVOICE**

FROM

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BILL TO

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| AGREEMENT | PURCHASE ORDER | PAYMENT TERMS |
|  |  |  |

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| --- | --- | --- | --- |
| DATE(S) OF SERVICE | DESCRIPTION | RATE PER HOUR | AMOUNT |
|  |  |  |  |
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|  |  |  |  |
|  | | **TOTAL DUE** |  |

I CERTIFY THAT SERVICES HAVE BEEN PROVIDED/COMPLETED AS DESCRIBED ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CONSULTANT

I APPROVE PAYMENT OF THIS INVOICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE