**CONSULTANT INVOICE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.. CONSULTANT NAME** | | | | | | | | | | | | | |
| **2. MAILING ADDRESS** | | | **3. SOCIAL SECURITY NUMBER** | | | | | | | | | | |
|  | |  |  |  | |  |  |  |  |  |
| **CITY** | **STATE** | **ZIP** | **4. CONSULTANT APPROVAL NUMBER** | | | | | | | | | | |
| **A ) DETAILED DESCRIPTION OF NATURE GOODS AND SERVICES RENDERED** | | | | **B ) DATE OF DELIVERY** | | | | **C ) NUMBER OF DAYS**  **OR HOURS SERVED** | | | | **RATE** | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
|  | | | |  | | | | * HOURS\_\_\_\_\_\_\_\_\_\_\_ * DAYS\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |

TOTAL AMOUNT DUE