**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