FROM
_____
_____
_____

CONSULTANT INVOICE

BILL TO:
_____
_____
_____

AGREEMENT #	PURCHASE ORDER #	PAYMENT TERMS

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

I certify that services have been provided/completed as described above._____
Signature of Consultant

I approve payment of this invoice: _____
Signature