|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| nlogo |  | CONSULTANT’S INVOICE

|  |
| --- |
| **FOR MDH USE ONLY** |
| Purchase Order Number: |

 |

**Payable to: (please print)**

|  |  |
| --- | --- |
| Name | Social Security Number |
| Billing Address | Federal ID Number |
| City | State | ZIP | State Tax ID Number |
|  |
| **Date** | Location | Detailed Description of Service Performed |
|  |  |  |
|  |  |  |
|  |  |  |

Calculation of Fees and Expenses

|  |  |
| --- | --- |
| Fee for Professional Services | $ |
| Mileage Calculation |  |
| Date | From | To | TotalMiles | MileageRate | Mileage Reimbursement |  |
|  |  |  |  | $0. 67 | $ |
|  |  |  |  | $0. 67 | $ |
|  |  |  |  | $0. 67 | $ |
| Total Mileage Expense | $ |
| Total Air Fare Expense  *From to (attach receipt)* | $ |
| Total Parking Expense | $ |
| **Total Car Rental Expense** *(attach receipt)* | $ |
| Calculation of Meals Expense |  |
| Date | Actual Cost for Breakfast | Actual Cost for Lunch | Actual Cost for Dinner | Total |  |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| Total Meals Expense | $ |
| **Total Lodging Expense** *(attach receipt)* | $ |
| Grand Total Reimbursement Requested for Fees and Expenses | $ |
| Certification |
| I hereby certify that I have performed the services described above and therefore request payment. |
|  |  |  |
| Consultant’s Signature |  | Date |
| I hereby certify that services indicated above have been performed in accordance with the agreement and approve payment for these services. |
|  |
| MDH Supervisor’s Signature |  | Date |

 **DISTRIBUTION:** HE-01233-12 (01/06)

 ***Original:*** MDH Financial Management ***Copy:***  MDH Program  ***Copy:*** Consultant