|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | | | | Total  Miles | | Mileage  Rate | 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