

# BROWNSBORO INDEPENDENT SCHOOL DISTRICT

## CONSULTANT INVOICE FOR FEES AND EXPENSES

Name:		Date:	
Address:			
City/State/Zip:			

### FEES:

\_\_\_\_\_ days @ \$\_\_\_\_\_ per day ..... \$\_\_\_\_\_

\_\_\_\_\_ hours @ \$\_\_\_\_\_ per hour..... \$\_\_\_\_\_

Private conveyance: \_\_\_\_\_ miles @ \$.565 per mile..... \$\_\_\_\_\_

Plane, Bus, Train..... \$\_\_\_\_\_

Taxi..... \$\_\_\_\_\_

Lodging..... \$\_\_\_\_\_

Meals (not to exceed \$45.00 per day)..... \$\_\_\_\_\_

Materials, if applicable..... \$\_\_\_\_\_

TOTAL DUE..... \$\_\_\_\_\_

*Original receipts are required and must be attached to document all expenditures listed above.*

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Social Security/Federal Tax ID Number

\_\_\_\_\_  
Signature of Contact Person Requesting  
Consultant Services

\_\_\_\_\_  
Date