CONSULTANT INFORMATION	Name:Address:		DETAILS			
Name:			Date			
Address:			Invoice #			
Phone #:	Phone #:		Terms:			
Email Address:	Phone #:Email Address:		Due Date			
REASON FOR CONSULTATION						
CONSULTANT SERVICES		HOURS	RATE (\$ / H	R) T	TOTAL	
				SUBTOTAL \$		
				TAX	\$	
			MISC.	\$		
				BALANCE DUE	\$	
					*	
	I certify that I have perfor	med the services liste	ed above.			
ONSULTANT SIGNATURE	<u>—</u>	DATE				