

MATHIS INDEPENDENT SCHOOL DISTRICT



CONSULTANT INVOICE FOR FEES AND EXPENSES

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

FEES & EXPENSES:

_____ Days @ \$ _____ per day.....\$ _____

_____ Hours @ \$ _____ per day.....\$ _____

Mileage (if applicable per contract/consultant agreement)

Total Miles: _____ @ \$.565 per mile\$ _____

Lodging.... _____ Number of nights @ _____ per night.....\$ _____

Meals (not to exceed \$36.00 per day)\$ _____

Materials, if applicable\$ _____

Other Expenses (plane, bus, taxi, parking, cell phone, etc.).....\$ _____

Total Amount Due: \$ _____

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

ALL SIGNATURES REQUIRED:

Consultant: _____ Date: _____

Principal/Director: _____ Date: _____

Business Manager: _____ Date: _____

Budget Code: _____