| Submission Date: |  |  | Consulting Invoice  |
| --- | --- | --- | --- |
| Consultant Information

|  |
| --- |
| **Name:** |
| **Organization:** |
| **Street Address:** |
| **City, State, Zip:**  |

|  |  |  |
| --- | --- | --- |
| **Date/Timeframe of Consultation** | **Client** | **Location** |
|  |  | Virtual |
| **Reminder** |
| * Rate: $90 per/hour
* Compensated preparation time is only half of the agree upon total consulting duration time. For example, if the consultation is one hour, the consultant will be compensated for 30 minutes of preparation time.
 |
| **Preparation Time****(in minutes)** | **Start Time****(CST)** | **End Time****(CST)** | **Duration****(in minutes)** | UU**Information you want to share** |
|  |  |  |  |
| **Preparation Time****Amount Due** | **Consulting****Amount Due** | **Total Due** |
| $ | $ | $ |

1B1BConsultation Information |

**Thank you for your partnership!**

**We look forward to working with you again.**