

Submission Date:

# Consulting Invoice

## Consultant Information

Name:

Organization:

Street Address:

City, State, Zip:

## Consultation Information

| Date/Timeframe of Consultation   | Client                |                | Location              |
|--|-----------------------|----------------|-----------------------|
|  |                       |                | Virtual               |
| <b>Reminder</b>  |                       |                |                       |
| <ul style="list-style-type: none"><li>Rate: \$90 per/hour</li><li>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.</li></ul> |                       |                |                       |
| Preparation Time (in minutes)  | Start Time (CST)      | End Time (CST) | Duration (in minutes) |
|  |                       |                |                       |
| Preparation Time Amount Due  | Consulting Amount Due | Total Due      |                       |
| \$   | \$                    | \$             |                       |
| <u>Information you want to share</u>   |                       |                |                       |

Thank you for your partnership!

We look forward to working with you again.

## MS Alliance of Nonprofits & Philanthropy

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