CIF Fees for Service Invoice

Consumer Initiative Fund

Name: _____ **Month of Service:** _____

Project Name: _____

Record of Hours		
Date	**Description**	**Hours**
	Total Hours	0.00

Fees for Service			
Hourly Rate:		**Total Hours:**	0.00
	Total Amount Requested:		$ 0.00

Notes:
(optional)

Date: _____ **Signature:** _____

For Office Use: Account: 8601506-75103004

Date: _____ Approved: _____