# CIF Fees for Service Invoice

Consumer Initiative Fund

**Name:** Jane Doe **Month of Service:** Aug 2024

**Project Name:** Phoenix Rising

| Record of Hours | | |
|---|---|---|
| **Date** | **Description** | **Hours** |
| Aug 1 | Purchasing workshop supplies, registering participants, confirming assistants | 2 |
| Aug 2 | Running workshop (2 hours). Prep and cleanup (1 hour) | 3 |
| Aug 15 | Booking venue for Sep workshop | 1 |
| Aug 20 | Prep and distribute marketing for Sep workshop | 1.5 |
| Aug 21 | Registering participants | .5 |
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| | **Total Hours** | 8.00 |

| Fees for Service | | | |
|---|---|---|---|
| **Hourly Rate:** | $ 25.00 | **Total Hours:** | 8.00 |
| | **Total Amount Requested:** | | $ 200.00 |

**Notes:**
*(optional)*

**Date:** Sep 3 2024 **Signature:** Jane Doe

*For Office Use:* Account: 8601506-75103004

Date: _____ Approved: _____