

Consultation Invoice Request & Expense Voucher

Pacific Northwest District – UUA

Name of Congregation Served _____

Address: _____

City: _____ State: _____ Zip code: _____

Name of Consultant: _____

Type of Consultation: _____

Date(s) of Consultation: _____

Consultant's mailing address: _____

Consultant's email address: _____

Billing Information

Full share congregation? (circle) **UUA:** Yes No **PNWD:** Yes No

Consultation Fees

Hours provided: _____ @ \$ 60.00 per hour (if full Fair Share) = \$ _____

 @ \$120.00 per hour (if not Fair Share) = \$ _____

-or- Extended Consultation fee: _____ \$ _____

Note: Honoraria for Worship Services are to be paid by congregation directly to consultant, not via PNWD

Consultant's Expenses (Attach all receipts)

Transportation via private car: _____ miles @ \$.14/ mile = \$ _____

Transportation via commercial carrier: \$ _____

Accommodations: \$ _____

Food: \$ _____

Materials or other expenses (attach list if no receipts are available): \$ _____

Total expenses: \$ _____

Total, consultation fees plus expenses: \$ _____

Less any contribution to congregation: \$ _____

Less any contribution to PNWD: \$ _____

Total to pay to consultant: \$ _____

Total to bill congregation: \$ _____

Total absorbed by PNWD: \$ _____

Consultant's signature: _____ Date: _____

Authorizing signature: _____ Date: _____

<p><u>Office use only</u> Invoice sent _____ copy to file _____</p>
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Mail to:
 PNWD- UUA
 12700 SE 32nd Street, #E101
 Bellevue, WA 98005-4317
 FAX - 425-957-9227