



CONSULTANT
INVOICE

New York City
Department Of Education

1. CONSULTANT'S NAME				
2. MAILING ADDRESS		Street		3. SOCIAL SECURITY NUMBER
City		State		Zip
4. CONSULTANT APPROVAL NUMBER				
A. DETAILED DEScriptON OF NATURE OF GOODS AND SERVICES RENDERED	B. DATE OF DELIVERY	C. NUMBER OF DAYS OR HOURS SERVED	D. AGREED UPON RATE	E. TOTAL AMOUNT
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		
		HOURS _____ DAYS _____		

TOTAL AMOUNT DUE

\$

5.	I certify that in accordance with the agreement. I have preformed the services as indicated and I have accurately reported the Number of days/hours served.
<div>Signature of Consultant</div> <div>Date</div>	

6.	I certify that the service reported on this form has been performed and delivered as stated by the consultant and the rate of pay is in accordance with the rules and regulations of the Department of Education.
<div>Signature of principle or project coordinator</div> <div>Date</div>	

7.	I certify that the service reported on this form has been performed and delivered as stated by the consultant and the rate of pay is in accordance with the rules and regulations of the Department of Education.
<div>ROC/District Office/Accounts Payable Examiner</div> <div>Date</div>	