CONSULTING INVOICE

BILL TO: Haskins Laboratories, Inc.
300 George Street
New Haven, CT 06511

Payment for consulting services rendered on (Date) _____.

Amount $_____

For Grant: _____

Pay to: Name: _____

Address: _____

City, State and Zip: _____

_____

Social Security Number: _____

E-mail address: _____

Telephone number: _____

Signature: _____

Approved by: _____