

The Research Foundation for Mental Hygiene, Inc.

**Independent Contractor/Consultant Invoice**

**From:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City St Zip \_\_\_\_\_

**Date:** \_\_\_\_\_

**To Principal Investigator:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City St Zip \_\_\_\_\_

Please remit payment of \$\_\_\_\_\_ dollars for \_\_\_\_\_ hours of consulting services and cost rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Include (as applicable)

<b>Services</b>	<b>Date</b>	<b>Hours</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Travel &amp; Itemized Expenses/Description (attach receipts)</b>	<b>Date</b>	<b>Amount</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Signed** \_\_\_\_\_  
(Independent Consultant/Contractor)

**Signed** \_\_\_\_\_  
(Principal Investigator)