

THE UNIVERSITY OF SOUTH FLORIDA
Department of Anthropology
4202 East Fowler Avenue
Tampa, FL 33620

CONSULTANT INVOICE

Invoice Date: _____ **Invoice No.:** _____

Project No.: _____ **Purchase Order No.:** _____

Consultant Information: Name: Address: Phone No.: Email Address:	Remittance Information: Please deposit funds into the following account: Bank: Checking Account Number: Routing(ABA Number):
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Billed To: The University of South Florida, Accounts Payable

U.S. Citizen: _____ **Resident Alien or Permanent Resident:** _____ **Non-Resident Alien:** _____

Location of Services: In U.S.: _____ Outside U.S.: _____

Brief Description of Consulting Services Performed:

Date(s) of Services Rendered: From: _____ To: _____

Choose the Appropriate Fee for Services *(must agree with the Consultant Agreement):*

Daily Rate: \$ _____ No. of Days: _____ = Total Amount Requested: \$ _____

Hourly Rate \$ _____ = Total Amount: \$ _____

Requested: \$ _____ Other (provide amount and basis for fee reimbursement): \$ _____

I certify that I have performed the services described above and have provided adequate back up documentation to support these charges:

Consultant Signature _____ Date

Approved for Payment:

Principal Investigator Signature _____ Typed Name _____ Date

If you have any questions concerning invoice, contact Michelle Jahn at 813-974-9168 or mmjahn@usf.edu.