

INVOICE

TO: New Haven Unified School District
 34200 Alvarado Niles Road
 Union City, CA 94587

FROM: _____
 Name (Please Print or Type)

 Address

- Consultant Parent
 Other

Social Security# _____

	Date(s)	Daily Rate	Hourly Rate	Total
Consultancy				
Inservice Training				
Program Review				
Other (Please describe)				
Mileage				
_____ miles @ _____ per mile =>				
TOTAL INVOICE				

I certify that, if I am employed by a public agency, I received no reimbursement from that agency during this time except for vacation pay.

 Applicant Signature

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TO BUSINESS DEPARTMENT

 Budget Code Number

 Program Allocation

 Site Administrator's Approval

 Date

 District Office Administrator's Approval

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 Complete form and forward to appropriate administrator. Attach copy of Consultant Authorization form.
 BU-259