



## 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 DESCRIPTION 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
		<input type="checkbox"/> HOURS _____ <input type="checkbox"/> DAYS _____		
		<input type="checkbox"/> HOURS _____ <input type="checkbox"/> DAYS _____		
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		<input type="checkbox"/> HOURS _____ <input type="checkbox"/> DAYS _____		
		<input type="checkbox"/> HOURS _____ <input type="checkbox"/> DAYS _____		

**TOTAL AMOUNT DUE**      \$

5. I certify that in accordance with the agreement. I have performed the services as indicated and I have accurately reported the Number of days/hours served.

\_\_\_\_\_

Signature of ConsultantDate

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.

\_\_\_\_\_

Signature of principle or project coordinatorDate

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.

\_\_\_\_\_

ROC/District Office/Accounts Payable ExaminerDate