



Title III
Independent Consultant Invoice

Grant Period: _____ Date: _____ Activity #: _____

Activity Title: _____

Activity Director: _____

Consultant Name: _____

Cost of Consultant:

Date	Description	Amount
	Professional Fee	
	Travel	
	Per Diem	
	Meals/Lodging	
	Honorarium	
	Other	
	Total Amount:	

Signatures

Consultant

Date

Activity Director

Date

University Supervisor

Date

Title III Director

Date

Human Resources

Date

Attorney

Date