

# Consulting Invoice

## Vendor Info:

Name:		Invoice Date:	
Address:		Invoice Number:	
		Purchase Order #:	
Email:		Bill To:	University of Maryland
Phone #:			Department of Psychology
			College Park, MD 20742

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Dates of Service:

Work Performed:

Amount Due:

Final Invoice:

Vendor Signature:

Date:

### PI Approval (if required)

In signing below I approve payment of this invoice and attest that the charges appear reasonable, and progress to date on this project is satisfactory and in keeping with the statement of work.

Signature:

Date: