

Direct all invoicing questions to karenj@foodsafetyguy.com

For Office Use Only	Date: _____	Check # _____
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Independent Contractor - Invoice for Services Rendered

Name

Mailing Street Address

Mailing City, State, ZIP

Please enter mileage for fuel cost reimbursement on its own line.

Date	Description	Location	RT Miles	Fuel Cost*	Fee
<i>*Fuel Reimbursement = RT Miles divided by 20 mpg, times \$3.35/gal.</i>					

Common Fees
 Proctoring: \$75
 30+ students: your fee + \$100
School Workshops
 up to 2 hours: \$150
 4 hours: \$250
 8 hours: \$350 (8-hrs no exam)

Cash Received: _____

Please keep cash received, up to the total for services rendered --> Cash Kept: _____

Cash Total: _____

Check(s) Total: _____

Total sent in folder: _____

Total Due: _____

FOOD SAFETY GUY
 LAJ Consulting LLC
 PO Box 28428
 Oakdale, MN 55128

Total Enclosed: _____

Mail to:

Thank you for all you do for
FoodSafetyGuy!