Direct all invoicing questions to karenj@foodsafetyguy.com

For office Use Only

Date _____ Check # _____

Independent Contractor – Invoice for Services Rendered

Name

Mailing Street Address

Mailing City, State, ZIP

Service Date	Description	Location	RT Miles	Fuel Cost*	Fee
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
				$ 0.00	
		**Fuel Cost Reimbursement = RT Miles ÷ 20 mpg x $2.80/gallon*	0.00	$ 0.00	$ 0.00

Common Fees

Exam Proctoring: $75

30+ ppl = your fee + $100

School Workshops

≤ 2 hours: $150

4-hour: $250

8-hour: $350

Cash Received: _____

Keep cash up to the total due to you for services rendered → Cash Kept: _____

Cash Total: $ 0.00

Check(s) Total: $ 0.00

Total $ Sent in Folder: $ 0.00

Total Due: $ 0.00

From:

LAJ Consulting LLC dba FoodSafetyGuy
PO Box 28428
Oakdale MN 55125

Total Amount Enclosed: $ 0.00

Thank you for all you do!

Mail to: