

Direct all invoicing questions to [karenj@foodsafetyguy.com](mailto: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
<i>*Fuel Cost Reimbursement = RT Miles ÷ 20 mpg x \$3/gallon</i>					

**Common Fees**

Exam Proctoring: \$75  
 30+ ppl = your fee + \$100  
**School Workshops**  
     ≤ 2 hours: \$150  
     4-hour: \$250  
     8-hour: \$350

*Keep cash up to the total due to you for services rendered →*

Cash Received: \_\_\_\_\_

Cash Kept: \_\_\_\_\_

Cash Total: \_\_\_\_\_

Check(s) Total: \_\_\_\_\_

Total \$ Sent in Folder: \_\_\_\_\_

Total Due: \_\_\_\_\_

From:

LAJ Consulting LLC dba FoodSafetyGuy  
 PO Box 28428  
 Oakdale MN 55125

Total Amount Enclosed: \_\_\_\_\_

***Thank you for all you do!***

Mail to: