

Outreach

Line Number	Support Doc Page#	Date	Description	Amount
31	29	7/22-8/2/2017	Bell Outreach participation	\$310.00
SUBTOTAL				\$310.00
34	31	7/22-8/2/2017	Bell Outreach travel time cost and expenses	\$238.80
SUBTOTAL				\$238.80
TOTAL				\$548.80

Outreach Participation

Staff				Reporting Period		
Sandra Bell				07/01/17-09/30/17		
Outreach participation						
Date	Location	Time @ \$30/hour	Cost	Fees		
7/22/2017	Seniors group meeting	3 hours	\$90.00			
8/2/2017	DB fair	4 hours	\$120.00	\$100.00		

Total

L 31 \$310.00

Company Name

INVOICE

Company Slogan

Street Address
 City, ZIP Code
 Phone 111.123.1234 Fax 111.123.1234

DATE: 8/2/2017
 INVOICE # 5

BILL TO:
 Name
 Company Name
 Street Address
 City, ZIP Code
 Phone

FOR: Project or Service
 Description

DESCRIPTION	HOURS	RATE	AMOUNT
Deaf-Blind fair registration fee			\$ 100 ⁰⁰
SUBTOTAL			\$ -
TAX RATE			
SALES TAX			-
OTHER			
TOTAL			\$ 100 ⁰⁰

Make all checks payable to **Your Company Name**

THANK YOU FOR YOUR BUSINESS!

Outreach - Travel Time and Expenses

Staff				Reporting Period				
Sandra Bell				07/01/17-09/30/17				
Date	Client Name	Time @ \$30/hour	Cost	Mileage @ \$0.54/mile	Mileage Cost	Parking/Tolls/Other	Food	Lodging
7/22/2017	Seniors Group	1 hour	\$30.00	40 miles	\$21.60	\$0.00	\$0.00	\$0.00
8/2/2017	DB fair	3 hours	\$90.00	180 miles	\$97.20	\$0.00	\$0.00	\$0.00

Total

L 34 \$238.80