

**Your Name or Company Name**

Street Address

City, ST ZIP Code

Phone: Phone Fax: Fax

# INVOICE

DATE: XX/XX/XX

**TO:**

Agency Name

Street Address

City, ST ZIP Code

Phone: Phone Fax: Fax

**DESCRIPTION OF SERVICES:**

- Attend ABC County Safe Harbor Protocol Team meetings on a monthly basis.
- Serve as a subject matter expert regarding issues of sexual exploitation and/or sex trafficking.
- Provide oral and/or written feedback and suggestions for protocol development.

DATE	DESCRIPTION	# OF HOURS	HOURLY RATE	TOTAL
XX/XX/XX	<i>Sample: attended Protocol Team Meeting</i>	1	\$81.25	\$81.25
<b>TOTAL DUE</b>				