



**Project to Increase Mastery of Mathematics and Science**

Wesleyan University  
 178 Cross St.  
 Middletown, CT 06459

**2009-2010 PROFESSIONAL SERVICES INVOICE**

**Consultant:**

**Client:**

**Address:**

**City, State, Zip Code:**

**Tel:**

**Email Address:**

Date(s)	Time(s)	Location	Consultant Fee	Round-Trip Mileage

Consultant(s) may bill travel at \$.55/mile (Wesleyan rate, increase effective July 1, 2009).  
 Copy costs must be accompanied by original receipt and may not exceed \$.10/page.  
 All other expenses must be pre-approved by PIMMS and the Client.

**I certify that the services listed above were performed to the satisfaction of the client**

\_\_\_\_\_ Date \_\_\_\_\_  
 Consultant Signature

Please forward the signed original of this invoice along with originals of all receipts. Mileage should agree with MapQuest generated miles from consultant address to client. Significant deviations should include an explanation.

Invoices should be mailed to:

Lorraine Karatkewicz  
 Office Manager  
 PIMMS / Wesleyan  
 178 Cross St.  
 Middletown, CT 06459