CONSULTANT Invoice

Suffix: 40 w/ overhead (P/R) formerly 510 41 w/o overhead (P/R) formerly 516
44-07 w/o overhead (A/P) formerly 507

	Charge Number		Task Number		Suffix Code		Trans Code
Charge Number		--		--		--	

Name Khvichia Niko

Address Chikovani 9/11

Soc Sec. No.

Accounting Use Only:

Voucher No _____ Invoice No _____

Acctg. Period _____ Invoice Date _____

Vendor ID _____ Due Date _____

Services Information

(Indicate as appropriate, person/place visited, exact nature of services provided, proposal number/name, etc. If a report or other document was prepared as the result of your consultation, attach a copy to this fee voucher.)

Date	Description of Services provided:	Hours Worked *
2/2/2015	Laboratory printing forms	8
2/3/2015	Laboratory printing forms	8
2/4/2015	Laboratory printing forms	8
2/5/2015	Laboratory printing forms	8
2/6/2015	Laboratory printing forms	8
2/9/2015	Laboratory printing forms	8
2/10/2015	Laboratory printing forms	8
2/11/2015	Laboratory printing forms	8
2/12/2015	Laboratory printing forms	8
2/13/2015	Laboratory printing forms	8
2/16/2015	Laboratory printing forms	8
2/17/2015	Data synchronization to laboratory database	8
2/18/2015	Data synchronization to laboratory database	8
2/19/2015	Data synchronization to laboratory database	8
2/20/2015	Data synchronization to laboratory database	8
2/23/2015	Data synchronization to laboratory database	8

2/24/2015	Data synchronization to laboratory database	8
2/25/2015	Data synchronization to laboratory database	8
2/26/2015	Data synchronization to laboratory database	8
2/27/2015	Data synchronization to laboratory database	8

Total Days Worked *(to the nearest hour)*	20	at Daily Rate (USD)	85	**Total Fees**	1700	**OR**
*Total Hours Worked	160	at Hourly Rate (USD)	10.625	**Total Fees**	1700	
Tax deduction	20%				340	
Net payment					1360	

I certify that the time claimed was actually used for the purpose indicated, and that I have not received any other payment from any public agency for any of the time claimed. I further certify that the performance of the duties covered by this voucher does not in any way conflict with my responsabilities, duties, contractual obligations and conditions of employment contract or status as an employee that I might have.

Consultant's Signature _____ Date _____

Approval Signature _____ Date _____