

Consultant Invoice
Dawson Education Cooperative
711 Clinton Street Arkadelphia, AR 71923

Name _____ Social Security # _____

Address _____

Phone _____

This is an invoice of expenses payable to me for my services as a consultant on behalf of the Dawson Education Cooperative in Arkadelphia, Arkansas. As a consultant, if paid over \$600 I understand that I am responsible for the tax withholdings and will receive a 1099 at the end of the year. I certify that these services have been conducted according to our mutual agreement.

Event Title

Date(s) of Session _____

Presenters are paid as per below. Check which applies

- ___ 1. Dawson area teacher presenters (\$475 per 6 hour session, inclusive of travel expenses) **NO RECEIPTS NEEDED**
- ___ 2. Teacher presenters outside Dawson area (\$700 per 6 hour session, inclusive of travel and lodging expenses) **NO RECEIPTS NEEDED**
- ___ 3. Professional education consultants will be paid as per contract agreement specifics
- ___ 4. Consultants paid with ADE or other state agency grant funds will be paid according to grant specifications and/or agency travel policy. \$_____

The section below only applies to presenters being paid as per contracts or grant specifications (# 3 or #4)

___ miles @ 0.42 per mile (must provide Google map) \$_____

Total for meals (\$40 daily per diem if overnight stay was required—must include hotel receipt) \$_____

Other expenses—describe below \$_____

Total \$_____