

Phone

## 2023-2024 MSVMA Independent Contractor Invoice

Effective July 1, 2019

To request payment of fees and expense reimbursement, please complete and submit this form with receipts to your district manager, supervisor or the State Office as appropriate.

	Event	Loc	ation	Service	type	Hours from	Hours to	Fee
reakfast is		e hotel stav.	it will not l			combined and \$2 o not include alc		
Date	)	Breakfast		Lunch		Dinner	Total	
				maxımum	reimburs	sement is \$65.00	per night. Rece	
Date	9	Number of nigh			Rate			Total
aada. Raim	nbursement ra	ta is \$ 15 na	r mila					
		•						
Date		Destination			Round trip mileage			Total
cellaneous	s expenses: Ite	emize expen	nses/purch	nases and	attach	receipts or invo	ices.	
	s expenses: Ite	emize expen				receipts or invo	ices.	
cellaneous Date	s expenses: Ite	emize expen		nases and		receipts or invo	ices.	Total
	s expenses: Ite	emize expen				receipts or invo	ices.	
	s expenses: Ite	emize expen				receipts or invo	ices.	
	s expenses: Ite	emize expen				receipts or invo	ices.	
	s expenses: Ite	emize expen				receipts or invo	ices.	
	s expenses: Ite	emize expen			S			
	s expenses: Ite	emize expen			S	receipts or invo		
	s expenses: Ite	emize expen			S			
	s expenses: Ite	emize expen			S			
Date			Expen	nse detail	T	OTAL reque	sted:	Total
Date	s expenses: Ite			nse detail	T			Total
Date	nt contractor		Expen	nse detail	T	OTAL reque	sted:	Total
Date	nt contractor		Expen	nse detail	T	OTAL reque	sted:	Total
Date	nt contractor	signature	Expen	nse detail	T	OTAL reque	sted:	Total
Date	nt contractor	signature	Expen	nse detail	T	OTAL reque	sted:	Total

Email