LOBBYING SERVICES INVOICE

Lobbyist/Firm: _____

Reg. Number: _____

Address: _____

Invoice No: _____

Date: _____

Due Date: _____

Billing Period: _____

CLIENT INFORMATION

Client Name: _____

Contact: _____

Address: _____

MATTER / SUBJECT MATTER

Bill / Issue: _____

Agency / Body: _____

HOURLY PROFESSIONAL SERVICES

DATE	LOBBYIST	DESCRIPTION OF LOBBYING ACTIVITY & TARGET	HOURS	RATE	TOTAL

REIMBURSABLE EXPENSES

DATE	EXPENSE DESCRIPTION / PURPOSE	CATEGORY (TRAVEL, LODGING, ETC.)	AMOUNT

DATE	EXPENSE DESCRIPTION / PURPOSE	CATEGORY (TRAVEL, LODGING, ETC.)	AMOUNT

Services Subtotal:

Expenses Subtotal:

Total Due:

Lobbyist Signature

Client Authorized Signature

Compliance & Disclosure Note: This invoice and the details herein may be subject to public disclosure requirements under federal, state, or local lobbying registration and reporting laws. Both parties agree to report all lobbying activities and expenses listed above in accordance with applicable statutory obligations.