LOBBYING SERVICES

Legislative Advocacy Billing

INVOICE

Date: _____

Invoice No: _____

Lobbyist / Firm:		**Client Name:**	
Registration ID:		**Client Address:**	
Address:		**Lobbying Period:**	
Contact Email:		**Legislative Session:**	

LEGISLATIVE MATTERS & BILLS ADDRESSED

BILL / REGULATION ID	SUBJECT MATTER / TITLE	ACTION TAKEN / TARGET BODY

PROFESSIONAL SERVICES RENDERED

DATE	LOBBYIST	DESCRIPTION OF ADVOCACY / ACTIVITY	HOURS	RATE	TOTAL

REIMBURSABLE EXPENSES & DISBURSEMENTS

DATE	EXPENSE CATEGORY (E.G. TRAVEL, EVENTS)	DESCRIPTION / PURPOSE	AMOUNT

Services Total:	
Expenses Total:	
Total Balance Due:	

Compliance Certification:
The undersigned hereby certifies that all lobbying activities, registrations, reports, and expenditures documented herein have been executed and reported in strict compliance with applicable local, state, and federal lobbying disclosure regulations and ethical standards.

Lobbyist Signature

Date