GOVERNMENT AFFAIRS REPRESENTATION INVOICE

INVOICE NO: _____

DATE: _____

BILLING PERIOD: _____

PAYMENT TERMS: _____

LOBBYING FIRM / REGISTRANT NAME

ADDRESS

LOBBYING REGISTRATION ID / CLIENT ID

CLIENT INFORMATION

CLIENT NAME

ATTENTION / REPRESENTATIVE

BILLING ADDRESS

CONTACT INFORMATION

PHONE

EMAIL

PURCHASE ORDER (PO) / CONTRACT REF

PROFESSIONAL SERVICES RENDERED

DATE	LOBBYIST NAME	DESCRIPTION OF ACTIVITY / BILL, REG, OR AGENCY TRACKED	HOURS	RATE ($)	TOTAL ($)

REIMBURSABLE EXPENSES

DATE	EXPENSE CATEGORY (TRAVEL, LODGING, FILING FEE, ETC.)	JUSTIFICATION / REFERENCE	AMOUNT ($)

DATE	EXPENSE CATEGORY (TRAVEL, LODGING, FILING FEE, ETC.)	JUSTIFICATION / REFERENCE	AMOUNT ($)

Services Subtotal:	
Expenses Subtotal:	
TOTAL DUE:	

COMPLIANCE AND DISCLOSURE CERTIFICATION

By signing below, the Registrant certifies that all services and expenses invoiced herein comply with applicable federal, state, and local lobbying disclosure laws, ethics regulations, and reporting requirements. No lobbyist-funded gifts, travel, or entertainment have been provided to public officials in connection with this representation unless fully documented and approved under applicable compliance rules.

PREPARED BY (REGISTRANT/LOBBYIST)

APPROVED BY (CLIENT AUTHORIZED REPRESENTATIVE)