BILLING STATEMENT

Government Relations & Lobbying Services

CLIENT INFORMATION

Client Name:

Attention:

Address:

Client ID / Ref:

STATEMENT DETAILS

Invoice Number:

Date of Issue:

Billing Period:

LD-1/LD-2 Reg No:

Payment Terms:

PROFESSIONAL SERVICES RENDERED

DATE	LOBBYIST/CONSULTANT	BILL/MATTER ID	DESCRIPTION OF ACTIVITY & CONTACT EXECUTED	HOURS	RATE	TOTAL

REIMBURSABLE EXPENSES & DISBURSEMENTS

DATE	CATEGORY (E.G., FILING, TRAVEL)	DETAILED PURPOSE & OFFICIAL BENEFICIARY (IF ANY)	AMOUNT

Professional Fees Subtotal:	
Reimbursable Expenses:	
Total Due:	

LDA Compliance & Disclosure Notice: *This billing statement may reflect activity subject to disclosure under the Lobbying Disclosure Act (LDA) of 1995 and subsequent amendments, as well as state and local lobbying laws. Reimbursable expenses, particularly those involving meals, travel, or entertainment provided to covered public officials, are subject to strict statutory limits and reportable event schedules.*

PREPARED BY (AUTHORIZED REPRESENTATIVE)

APPROVED BY (CLIENT AUTHORIZED SIGNATURE)