

Congressional Budget Office
Consultant/Panel Members Invoice for
Services Rendered

Date of Invoice:

CBO Purchase Order No.:

TO: Congressional Budget Office
Office of Financial Management
FHOB, Room 411
Washington, DC 20515
Fax invoice to: (202) 226-3879
or email to: invoice@cbo.gov

FROM:

This invoice is to request payment for consulting services rendered to the Congressional Budget Office (CBO). The description of services should include the dates the service was performed.

1. Consulting Services: \$ _____
(Panel Members not paid through payroll and other Consultants)

2. Travel Expenses if Applicable: \$ _____
(Attachment "Statement of Travel and Related Expenses" detailing amounts)

Total Payment Due: \$ _____

Signature: _____

CBO Employee No. _____

FOR CBO USE ONLY

Date: _____

Division: _____

CBO Approval: _____
Assistant Director and/or Project Officer

CONSULTANT/PANEL MEMBERS
Statement of Travel and Related Expenses

1. **MEMORANDUM OF EXPENDITURES:** All persons authorized to travel on business for the Congressional Budget Office should keep a memorandum of expenditures properly chargeable to the government, noting each item at the time and date the expenditure is incurred. The accumulated information should be included under Item 3 below.

2. **RECEIPTS:** All original receipts for transportation, lodging, phone bills, parking fees, and other expenses in excess of \$25.00, should be attached. Expenditures less than \$25.00 do not require documentation.

3. Expenses:	Day 1	Day 2	Day 3
(Fill in date in parenthesis)	()	()	()
a. Airline/Train/Bus (Not to Exceed government rate.) Original receipts must be submitted.	_____	_____	_____
b. Lodging (Maximum total allowance \$201/\$154/ \$201 per day).	_____	_____	_____
c. Meals (Standard allowance of \$48.00 per day for travel days and \$64.00 whole days in D.C. No receipts required.)	_____	_____	_____
d. Ground Transportation (Taxicab, limousine, privately- owned vehicle at 50.5 cents per mile.)	_____	_____	_____
e. Miscellaneous (e.g., parking fees, phones, etc. - please list these items separately.)	_____	_____	_____
Daily Total	_____	_____	_____
Grand Total	_____	=====	_____