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MINES and Associates

10367 W. Centennial Rd Littleton, CO 80127 Phone: 800-873-7138

AFFILIATE SERVICES BILLING FORM

INVOICE #: _____

DATE: _____

PROVIDER NAME:	CLIENT ORGANIZATION
Name:	Company Name:
Company Name:	Name of Training or Service Provided:
Street Address:	
City, ST ZIP Code:	Number of Attendees:
Phone:	
Email Address:	

SELECT WHICH SERVICE THIS WAS FOR:

CISS/Process Group	Conflict Resolution	BizPsych/OD Services	Training

DATE OF SERVICE	NUMBER OF HOURS	TYPE OF BILLING	UNIT PRICE	TOTAL
		Pre-Approved Prep Hours		
		Travel Hours		
		Delivery Hours		
	· ·		SUBTOTAL	
			TOTAL DUE	

Please send this back to <u>billing@minesandassociates.com</u> and the account manager you have been working with.

THANK YOU FOR YOUR PARTNERSHIP!