

Attachment 2
Consulting Invoice
Activity Report and Consultant Certification

PI/Consultant Name: _____

Attach copy of all supporting documentation, *i.e.* meeting agenda, evaluation feedback, etc.

Fax completed form to:

or Mail to:

Activity Related to	Date	City, State	Hours	Requested by:	Description
					Local presentation at _____ <i>[Meeting Name]</i> in _____ <i>[Location]</i> regarding _____ <i>[Title or Topic of Presentation]</i>
					Instructed _____ <i>[Description of Audience]</i> on _____ <i>[Product]</i> surgical technique.
					Focus advisory group meeting at _____ <i>[Location]</i> regarding _____ <i>[Business Segment]</i>
					Completed market survey for _____ <i>[Product or Business Segment]</i>
					Travel to _____ <i>[Destination]</i> A the request of _____ <i>[Personnel]</i> to _____ <i>[Purpose]</i>

Consultant Certification (to accompany each invoice for payment):

I, the undersigned, hereby certify and affirm that the above referenced service was: (a) provided personally by me on the above referenced date; (b) specifically within the scope of services I am required to provide under my project specific agreement with _____; (c) furnished in accordance with the terms of my project specific agreement with _____; and (d) provided in the amount of time stated above.

To the best of my knowledge, _____ had a commercial need for me to provide this activity and my fees for such activity/services are solely to reasonably compensate me for my time and efforts in providing the services.

I understand and agree that if any of the above statements are false or incorrect, that: (a) I am in material breach of the agreement with _____, (b) I will be required to refund any amounts paid to me for these services, and (c) the agreement with _____ may be terminated.

Printed Name Consultant
Date

Signature

Printed Name SoM Approval

Signature

Date