FTP [YOUR ROLE] Invoice to MLSA

[DATE]

Name:

Address:

Phone:

Email:

Month, Year:

Party Name(s):

Indicate One: \_\_\_ *Casework Ongoing* OR \_\_\_ *Casework Complete*

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Description: | Hours x Rate | Compensation |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  | RUNNING TOTAL |  hours | $ |

Party Name(s):

Indicate One: \_\_\_ *Casework Ongoing* OR \_\_\_ *Casework Complete*

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Description: | Hours x Rate | Compensation |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  |  |  x $75/hour  | $ |
|  | RUNNING TOTAL |  hours | $ |

Total Amount Due: $

Remit to: mediate@mtlsa.org, cc’ing katy.lovell@mt.gov