



FACT-FINDING INVOICE

VENDOR INFORMATION

LOCATION CODE: 12PLRB

Name			Vendor ID
Address			Invoice Number
City	State	Zip	Telephone
Signature			Date

CASE INFORMATION

Case Number	
Employer	
Employee Organization	

SERVICES PROVIDED

Hearing date(s):	
Number of days: _____	\$ _____
Preparation, research, writing date(s):	
Number of days: _____	\$ _____

EXPENSES

Mileage: _____ miles @ \$ _____/mile	\$ _____
Parking and tolls	\$ _____
Lodging	\$ _____
Subsistence	\$ _____
Postage/Mailing	\$ _____
Miscellaneous (please explain):	\$ _____

PLEASE SEND YOUR INVOICE TO THIS ADDRESS:
 Pennsylvania Labor Relations Board
 12PLRB
 PO Box 69181
 Harrisburg, PA 17106

TOTAL: \$ _____

AMOUNT BILLED TO COMMONWEALTH OF PENNSYLVANIA (50% OF TOTAL):

\$ _____

Third Party Responsibility – NOT billed to Commonwealth of Pennsylvania

***MAIL PAYMENT DIRECTLY TO FACT-FINDER**

*Amount Billed to Public Employer (25% of total) \$ _____

*Amount Billed to Employee Organization (25% of total) \$ _____

Pennsylvania Labor Relations Board
651 Boas Street, Room 418 | Harrisburg, PA 17121-0750 | 717.787.1091 | F 717.783.2974 | www.dli.pa.gov

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*