



CONCILIATION INVOICE

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

VENDOR INFORMATION

Purchase Order No.:

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

CASE INFORMATION

Case Number	
Employer	
Employee Organization	

SERVICES PROVIDED

Date(s) of settlement or consultation time:		
Number of hours: _____ @ \$50/hour		\$
Date(s) of correspondence and telephone calls:		
Number of hours: _____ @ \$50/hour		\$
Date(s) of preparation, research, writing:		
Number of hours: _____ @ \$50/hour		\$
Total Number of Hours: _____ @ \$50/hour		\$

NOTE: Hours must be reported in quarter-hour increments.

EXPENSES

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

TOTAL AMOUNT (Hours + Expenses)	\$
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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*