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	
Employe Organization	

SERVICES PROVIDED

Hearing date(s):	
Number of days: _____ @ $600/day	$ 0.00
Preparation, research, writing date(s):	
Number of days: _____ @ $600/day	$ 0.00

EXPENSES

Mileage: _____miles @ $_____/mile	$ 0.00
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: $ 0.00

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

$ 0.00

Third Party Responsibility – NOT billed to Commonwealth of Pennsylvania

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

*Amount Billed to Public Employer (25% of total) $ 0.00

*Amount Billed to Employe Organization (25% of total) $ 0.00