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| Name:Fox W. Mulder Vendor Number: 047101111  Address: 2630 Hegal Place, Apt 42  Alexandria, VA 22301  Phone: 202-555-3574  Email address: thetruthisoutthere@aol.com | INVOICEMonth & Year: Jan. 2022 |
| To: Oregon Health Authority  **Attn: Patricia Alderson**  Oregon Consumer Advisory Council  500 Summer Street NE  Salem, OR 97301 |  |

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| Please submit completed invoice to: **Patricia.ALDERSON@dhsoha.state.or.us**  **Please mark the appropriate box below:**  ☐ I **am** compensated by my employer for time spent performing services as a committee member.  **XX** I **am not** compensated by my employer for time spent performing services as a committee member. |

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| Date | DESCRIPTION | Hours | **Rate $155 per day** | TOTAL |
| 1/3/22 | Meeting with OHA staff to develop meeting agenda | 1 |  |  |
| 1/15/22 | Read meeting materials before council meeting | 2 |  |  |
| 1/18/22 | Full Council Meeting | 3 |  |  |
| 1/27/22 | Peer Support Committee meeting |  |  |  |
|  |  |  |  |  |
|  | Total Due |  | x4 days | $620.00 |

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Make all checks payable to Name: Fox W. Mulder

Please type your initials here to confirm the above information: \_\_\_FWM\_\_