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| Name:Fox W. Mulder Vendor Number: 047101111Address: 2630 Hegal Place, Apt 42 Alexandria, VA 22301Phone: 202-555-3574Email 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\_\_