

Your First and Last Name

Your Street Address
 Your City, State, and Zip
 Phone: Your Ph # with area code Fax: Your fax # with area code

INVOICE

INVOICE #: (INSERT #)
 DATE: (INSERT DATE)

TO:
 Jodie Peschl
 Companions on a Journey
 College of Saint Benedict
 37 S College Ave, Main 358
 St Joseph, MN 56374
 320-363-5939

FOR:
 Spiritual Direction

DESCRIPTION	HOURS	RATE	AMOUNT
List Spiritual Direction Sessions here			
Spiritual Director: John Johnson 8/28/2008 Sam Jones (Session Date and Directee Name)	1 hr	40.00	40.00
9/16/2008 Sam Jones (Session Date and Directee Name)	1 hr	40.00	40.00
10/17/2008 Sam Jones (Session Date and Directee Name)	1 hr	40.00	40.00
11/13/2008 Sam Jones (Session Date and Directee Name)	1 hr	40.00	40.00
12/11/2008 Sam Jones (session Date and Directee Name)	1 hr	40.00	40.00
Total this directee			200.00
Spiritual Director: Jane Smith			
8/14/2008 April Doe (Session Date and Directee Name)	1 hr	35.00	35.00
9/20/2008 April Doe (Session Date and Directee Name)	1 hr	35.00	35.00
10/23/2008 April Doe (Session Date and Directee Name)	1 hr	35.00	35.00
11/14/2008 April Doe (Session Date and Directee Name)	1 hr	35.00	35.00
12/16/2008 April Doe (Session Date and Directee Name)	1 hr	35.00	35.00
Total this directee			175.00
TOTAL			\$ 375.00

Make all checks payable to (insert who we should send the check to) _____

Please note: Fees for Spiritual Direction Services may be considered income for the Spiritual Director. The College of Saint Benedict may ask you to provide a signed and dated W9 for income tax purposes. At the end of the calendar year a 1099 will be sent to you. For more information about this please consult your tax attorney.

If you provide spiritual direction through a center and the center is to be billed insert the center's name and address in the "Your name and address area" as well as in the "Make checks payable to" section. Be sure to list the spiritual director's name in the description section.