

PDS Vendor Bill Abstract:

Date: _____ Invoice Number: _____

Vendor Name: _____

Vendor Code: _____

Vendor Payment Address: _____

Case Docket Number: _____

Work Costs:

Name of Person 1 Performing Work:

Rate: \$ _____ Rate Type: Hourly ☐ Fixed ☐

Number of Hours Worked: _____

Name of Person 2 Performing Work:

Rate: \$ _____ Rate Type: Hourly ☐ Fixed ☐

Number of Hours Worked: _____

Name of Person 3 Performing Work:

Rate: \$ _____ Rate Type: Hourly ☐ Fixed ☐

Number of Hours Worked: _____

Work Subtotal: _____

If more than three individuals performed work, please submit a second abstract

Expenses:

Expense Item: _____ Cost: \$ _____

Expense Item: _____ Cost: \$ _____

Mileage: _____ x \$0.56 = _____ Cost: \$ _____

Expenses Subtotal: \$ _____

Total:

Work Subtotal: \$ _____

Expenses Subtotal: \$ _____

Invoice Final Total (add work and expenses subtotals): \$ _____