



GRADUATE & CONTINUING STUDIES  
Dissertation Committee Member  
Invoice for Services

Date: \_\_\_\_\_

Bill To: Office of Graduate and Continuing Studies, Delta State University  
Remit To: Assistant Director of Graduate Admissions

**Services Provided To**

Doctoral Graduate Name: \_\_\_\_\_

Graduating Semester: \_\_\_\_\_

**Services Provided By**

Committee Member Name\*: \_\_\_\_\_

SS# or DSU ID# (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Please mark role(s) served on Dissertation Committee:

Chair (\$1000) \_\_\_\_\_

Reader (\$400) \_\_\_\_\_

Methodologist (\$700) \_\_\_\_\_

APA Reader (\$100) \_\_\_\_\_

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctoral Program Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

**Return this form to:**  
**OFFICE OF GRADUATE STUDIES**  
**KENT WYATT HALL, SUITE 239**  
**P: 662-846-4700 | grad-info@deltastate.edu**

*\*If Committee Member is not an active DSU employee, a current W9 must be attached.*