INVOICE

INVOICE # : _____

DATE : _____

PAYMENT DUE : _____

CONTRACTOR NAME: _____

ADDRESS: _____

EMAIL/PHONE: _____

BILL TO

CLIENT NAME: _____

COMPANY: _____

ADDRESS: _____

SERVICE PERIOD (BIWEEKLY)

START DATE: _____

END DATE: _____

SERVICE DETAILS

DATE / WEEK	DESCRIPTION OF SERVICES RENDERED	HOURS/QTY	RATE ($)	AMOUNT ($)

Subtotal: _____

Tax / Other: _____

Total Due: _____

PAYMENT INSTRUCTIONS / NOTES

_____

_____

_____

_____

CONTRACTOR SIGNATURE

_____

CLIENT SIGNATURE (APPROVAL)

Thank you for your business.