
INVOICE

Invoice No: _____

Date: _____

Due Date: _____

Payment Terms: _____

BILL TO

POSITION / ASSIGNMENT DETAILS

Candidate Name: _____

Job Title / Position: _____

Placement Type: _____

Start Date: _____

DESCRIPTION OF SERVICES	QUANTITY / HOURS	RATE / FEE PERCENTAGE	TOTAL AMOUNT
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax Rate / Vat: _____

Total Due: _____

PAYMENT INSTRUCTIONS

Bank Transfer Details:

TERMS & CONDITIONS
