

BILLING STATEMENT

Independent Contractor Services

Statement No: _____

Date: _____

Due Date: _____

CONTRACTOR INFORMATION

Name:

Business:

Address:

Phone:

Email:

CLIENT INFORMATION

Client Name:

Company:

Address:

Phone:

Email:

DESCRIPTION OF SERVICES RENDERED	HOURS / QTY	RATE	TOTAL

DESCRIPTION OF SERVICES RENDERED

HOURS /
QTY

RATE

TOTAL

Subtotal:

Tax / Other:

Total Due:

PAYMENT TERMS & INSTRUCTIONS

CONTRACTOR SIGNATURE

DATE

CLIENT AUTHORIZED SIGNATURE

DATE