

INVOICE

Invoice No. _____
Date _____
Due Date _____

BILL TO _____

BIWEEKLY CYCLE PERIOD _____

Cycle Start Date: _____

Cycle End Date: _____

Payment Terms: _____

DATE	SERVICE DESCRIPTION (WEEK 1 & 2)	HOURS/QTY	RATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Subtotal _____
Tax _____

Total Due _____

NOTES & PAYMENT INSTRUCTIONS

Thank you for your business.