



TEMPORARY STAFFING INVOICE

Invoice No: _____
Date: _____
Due Date: _____

AGENCY DETAILS

CLIENT / BILL TO

CANDIDATE NAME	POSITION / ROLE	WEEK ENDING	HOURS	RATE	TOTAL

Subtotal: _____
Tax / VAT: _____
Total Due: _____

Payment Terms & Details

Bank Name: Account No: Sort Code / BIC: IBAN: