

MONTHLY TIMESHEET & INVOICE

Invoice No: _____

Date: _____

Billing Period: _____

FREELANCER INFORMATION

Name: _____

Email: _____

Phone: _____

Address: _____

CLIENT INFORMATION

Company: _____

Contact Person: _____

Email: _____

Address: _____

DATE	DESCRIPTION OF WORK / PROJECT	HOURS	RATE (\$)	TOTAL (\$)

PAYMENT INSTRUCTIONS

Bank Name: _____

Account Name: _____

Account Number / IBAN: _____

SWIFT / BIC: _____

Payment Terms: _____

SUMMARY

Total Hours: _____

Subtotal (\$): _____

Tax / VAT (%): _____

Total Due (\$):

FREELANCER SIGNATURE

CLIENT APPROVAL SIGNATURE