

PAYROLL INVOICE

Invoice #

Date:

Due Date:

FREELANCER / CONSULTANT

Name

Email

Phone

Address

BILL TO (CLIENT)

Company Name

Contact Person

Email

Billing Address

BILLABLE HOURS LOG

PAYMENT METHOD & DETAILS

Bank Name

Account Number

Routing Transit

SWIFT / BIC

CALCULATED TOTALS

Total Hours:

Gross Earnings:

Tax / Deductions (if applicable):

Net Payout:

Consultant Signature

Authorized Approver Signature