

# WEEKLY INVOICE

Invoice No.	
Date	
Week Of	

**FREELANCER / SERVICE PROVIDER**

**BILL TO**

DAY	DESCRIPTION OF SERVICES RENDERED	HOURS	RATE	TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**PAYMENT INSTRUCTIONS / TERMS**

<b>Total Hours</b>	
<b>Subtotal</b>	
<b>Tax / Adj</b>	

<b>Grand Total</b>	
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