

INDEPENDENT CONTRACTOR INVOICE

DETAILS

DATE: _____
 INVOICE NO. _____

FROM

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

BILL TO

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

| SERVICE | HOURS | RATE (\$/HR) | AMOUNT (\$) |
|--------------|-------|--------------|-------------|
| | | | |
| TOTAL | | | |

| PRODUCTS / MATERIALS | QUANTITY | UNIT PRICE | AMOUNT (\$) |
|----------------------|----------|------------|-------------|
| | | | |
| TOTAL | | | |

NOTES: _____

| | |
|------------------|--|
| SUBTOTAL | |
| DISCOUNT | |
| TAX / VAT | |
| TOTAL | |

THANK YOU FOR YOUR BUSINESS

