## INDEPENDENT CONTRACTOR INVOICE TEMPLATE

(SIGNATURE)

DATE

## INDEPENDENT CONTRACTOR INVOICE

START DATE	END DATE	INVOICE DATE	INVOICE NO.

ONTRACTOR								
MPANY NAME		DESCRIPTION OF WORK PERFORMED	START DATE	END DATE	HOURS	RATE		
ADDRESS								
ADDRESS								
ADDRESS								
TELEPHONE								
EMAIL								
CLIENT								
FULL NAME								
ADDRESS								
ADDRESS								
ADDRESS								
TELEPHONE								
EMAIL								
OMPANY NAME								
CONFIRMATION								
CONTRACTOR					TOTAL HOURS			
(PRINT)								
CONTRACTOR		Remarks / Instructions:			enter percentage	TAX RATE		
(SIGNATURE)						TOTAL TAX		
DATE		-			specify other	OTHER		
· · · · · · · · · · · · · · · · · · ·		-				GRAND TOTAL		
CLIENT		Please make check payable to		enter ini	tial payment amount	LESS PAYMENT		
(PRINT)						TOTAL DUE		
CLIENT		For questions concerning this invoice, please contact						

## THANK YOU

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