

Independent Contractor Invoice

Contractor Information

Name/Company:	_____
Address:	_____
Email:	_____
Phone:	_____

Client Information

Name/Company:	_____
Address:	_____
Email:	_____
Phone:	_____

Invoice Details

Invoice Number:	_____
Date Issued:	_____
Due Date:	_____

Services Rendered

Description of Service	Hours/Quantity	Rate	Amount
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Total			\$ _____

Payment Terms

Payment Method: _____

Terms (e.g., Net 15, Net 30): _____

Note: Thank you for your business. Please make payment by the due date specified. If you have any questions regarding this invoice, contact us at the information above.