INVOICE

Sign On Bonus

INVOICE NUMBER
[001]

DATE
[Month DD, YYYY]

PAYEE (EMPLOYEE)

[Employee Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

PAYABLE TO (EMPLOYER)

[Company Name]
[Department/HR Contact]
[Address Line 1]
[City, State, Zip]

Description	Amount
Sign On Bonus As per offer letter dated: [Date]	$0.00

Total Payable: $0.00

PAYMENT INSTRUCTIONS

Please process via [Payroll/Direct Deposit/Check].
Subject to applicable federal, state, and local tax withholdings.

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE