

# HOSPITALITY STAFFING

SOLUTIONS & PLACEMENT

# INVOICE

Invoice #: [00000]  
Date: [Date]  
Due Date: [Date]

## PROVIDER

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[Company Name]  
[Street Address]  
[City, State, Zip]  
[Email/Phone]

## CLIENT / VENUE

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[Client Name]  
[Venue Name/Department]  
[Street Address]  
[City, State, Zip]

Service Description / Role	Shift Date	Quantity/Hours	Rate	Amount
[e.g., Banquet Server]	[MM/DD/YY]	0.00	\$0.00	\$0.00
[e.g., Line Cook]	[MM/DD/YY]	0.00	\$0.00	\$0.00
[e.g., Event Supervisor]	[MM/DD/YY]	0.00	\$0.00	\$0.00

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Subtotal: \$0.00  
Agency Fee / Tax: \$0.00  
Total Amount: \$0.00

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Payment Terms: Net 30. Please make checks payable to [Company Name].

**Notes:** Staffing provided for [Event Name/Reference]. Thank you for your business.