INVOICE

[Invoice Number]

[Agency Name]
[Street Address]
[City, State, Zip]

CONTRACTOR DETAILS

[Contractor Name]
[Tax ID/SSN]
[Email/Phone]

CLIENT DETAILS

[Client Company Name]
[Project Name/Reference]
Billing Period: [Date] - [Date]

Date	Description of Tasks	Hours	Rate	Total

Total Hours: 0.00
Subtotal: $0.00
Tax/VAT: $0.00

Total Due: $0.00

PAYMENT INSTRUCTIONS

Bank: [Bank Name]
Account: [Account Number]
Routing: [Routing Number]
Due Date: [Due Date]

Contractor Signature

Agency Approval