[Agency Name]

[Agency Address]
[City, State, Zip]
[Email/Phone]

INVOICE

Invoice #: _____
Date: _____

BILL TO

[Client Company Name]
[Contact Name]
[Client Address]

PLACEMENT DETAILS

Candidate: [Candidate Name]
Position: [Job Title]
Period: [Start Date] - [End Date]

Date	Day	Description / Task	Hours	Rate	Total
	Monday				
	Tuesday				
	Wednesday				

Date	Day	Description / Task	Hours	Rate	Total
	Thursday				
	Friday				
	Saturday				
	Sunday				

Subtotal: $0.00
Tax (%): $0.00
Agency Fee: $0.00

Total Amount Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to **[Agency Name]**.

Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

_____
Candidate Signature

_____
Client Approval Signature