

# TIMESHEET INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

**Payable To:**

\_\_\_\_\_  
\_\_\_\_\_

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## Employee Information:

Name: \_\_\_\_\_

SSN/Tax ID: \_\_\_\_\_

## Employer Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date	Description of Services	Start Time	End Time	Hours	Rate	Total

Date	Description of Services	Start Time	End Time	Hours	Rate	Total

Total Hours: \_\_\_\_\_

Gross Pay: \$ \_\_\_\_\_

Reimbursements: \$ \_\_\_\_\_

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**TOTAL DUE: \$** \_\_\_\_\_

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Employee Signature: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

Notes: \_\_\_\_\_