

WAGE DISPUTE INVOICE

Case/Reference #: _____

DATE: _____

DUE DATE: _____

FROM (EMPLOYEE/CLAIMANT):

TO (EMPLOYER/RESPONDENT):

CLAIM PERIOD:

From: _____ To: _____

Description of Unpaid Labor/Violation	Hours/Units	Rate (\$)	Total (\$)
Unpaid Regular Hours			
Overtime Premium (1.5x)			
Double Time Premium (2.0x)			

Description of Unpaid Labor/Violation	Hours/Units	Rate (\$)	Total (\$)
Missed Meal/Rest Periods			
Unreimbursed Expenses			
Liquidated Damages / Penalties			

SUBTOTAL: \$ _____

INTEREST (___ %): \$ _____

GRAND TOTAL CLAIMED: \$ _____

NOTES / SETTLEMENT TERMS:

CLAIMANT SIGNATURE

PAYMENT INSTRUCTIONS:
