INDEPENDENT CONTRACTOR

Date _____

Invoice No. _____

RECEIPT

Prepared for _____ • Project: _____

DESCRIPTION OF WORK	QTY/HRS	UNIT PRICE	SUB TOTAL
		GRAND TOTAL	

PAYMENT TERMS

To be made payable to _____

ADDRESS

_____

APPROVED BY

_____

NAME _____

FOR _____

DATE _____

CONTACT INFORMATION • _____