

Contractor Information

Company Name

Address Line 1

Address Line 2

Phone: _____

Email: _____

Invoice Details

Invoice No: _____

Date: _____

Due Date: _____

Contractor Payment Invoice

Billed To

Client Company Name

Client Address Line 1

Client Address Line 2

Contact: _____

Project / Service

Project Name / Description

Reference / PO No.: _____

#	Description of Services	Hours/Qty	Rate	Amount
1				
2				
3				

Subtotal _____

Tax _____

Total _____**Payment Instructions**

Bank Name: _____

Account Number: _____

Account Name: _____

Other Notes: _____

Contractor Signature

Date: _____

Client Signature

Date: _____