

Independent Contractor Billing Form

Contractor Name

Company (Client)

Invoice Date

Invoice Number

Contractor Address

Client Address

Billing Details

| Description | Date | Hours / Qty | Rate | Amount |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| Total | | | | <input type="text"/> |

Notes / Special Instructions

Contractor Signature

Date