

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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total				<input type="text"/>

Notes / Special Instructions

Contractor Signature

Date