ALL FIELDS MUST BE FILLED COMPLETELY

Job #:	Legal Name: Phone: Signature:											CONTRACTOR INVOICE
Location:												
LEAD/POC:												
Working for:					тс	OTAL DUE:	\$					
MM / DD				Enter ONLY Actual Clock In & Out times								Please explain any OT or Meal Penalty
Date	Position	Call Time	*Clock* IN	*Meal* OUT	*Meal* RETURN	*Clock* OUT	Reg Hrs Worked	OT Hrs Worked	DT Hrs Worked	Rate	Amount Due	Notes
							hrs	hrs	hrs	\$	\$	
							hrs	hrs	hrs	\$	\$	
							hrs	hrs	hrs	\$	\$	
							hrs	hrs	hrs	\$	\$	
							hrs	hrs	hrs	\$	\$	
							hrs	hrs	hrs	\$	\$	
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