INVOICE

First and Last Name

Address Line 1

Address Line 2

Phone number

Tax ID: (If you have one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Contractor Name:** |  | | **Invoice #:** |  |
| **Address:** |  | | **Invoice Date:** |  |
| **Month Services Rendered:** |  | | | |
| **Project Name** | **Description of Service** | **Hours Worked** | **Hourly Rate or Fixed Fee** | **Amount** |
| Pedowitz Internal SharePoint |  |  | $ 55.00 | Hours worked x Hourly Rate |
|  |  |  | **Grand Total** | **$** |