

# Independent Contractor Invoice

BAA INVOICE #:6

**Name:** Presenter 351

**Address:**

**Phone Number:** 4198574566

**Date of Submission:** 10-30-2023

Dates of Service	Type	Total Hours	Rate Per Hour	Amount Due
10/09/2023 @ 07:00 am to 09:00 am	Coaching	2	\$26	\$52

Total: 2

Total: \$52

Independent Contractor's Signature 

Thank you for your business!