INVOICE

From

Your name / business name: _____

Phone: _____

Email: _____

Address: _____

Business ID / EIN (optional): _____

Invoice details

Invoice #: _____

Invoice date: _____

Payment due: _____

Bill to

Agency / client name: _____

Contact person: _____

Email: _____

Address: _____

Date of service	Description of assignment	Hours	Rate	Amount
	Travel time (hours x rate)			
	Mileage (miles x rate per mile)			
	Parking / tolls			
			Subtotal	
			TOTAL DUE	

Payment terms

Payment is due within 30 days of the invoice date (Net 30). Late cancellations within 48 hours of the scheduled start are billed at the full scheduled amount. Please include the invoice number with your payment. Payment methods accepted: check, direct deposit / ACH, other: _____

Notes