

INVOICE



Period: _____ to _____

Corporation Name: _____

Individual Name: _____ Discipline: _____

Facility: _____ Tax ID #: _____

Billing Rate: On File

****Note: Please use 1 Invoice per facility per week**

Date	Time In	Time Out	Break/Lunch	Total Hours	Facility Signature
Sunday ___/___/___					
Monday ___/___/___					
Tuesday ___/___/___					
Wednesday ___/___/___					
Thursday ___/___/___					
Friday ___/___/___					
Saturday ___/___/___					

Total Hours for the Week _____

By signing this Invoice I certify the hours are correct and true.

Contractor's Signature

Authorized Facility Signature

Date

Date

Invoice due MONDAY by 5PM for the prior week