

INDEPENDENT CONTRACTOR HOURLY TIME & BILLING INVOICE

ITEMIZED DAILY WORK HOURS, MILESTONES, HOURLY RATES & REMITTANCE SUMMARY

CONTRACTOR / SERVICE PROVIDER:

Business Name: _____

Tax ID / EIN: _____

Email / Phone: _____

Remittance Address: _____

INVOICE DETAILS & CLIENT BILLED:

Invoice #: _____ Date: ____/____/20__

Payment Terms: ☐ Net 15 ☐ Net 30 ☐ Due Upon Receipt

Client Company: _____

Project / Contract Name: _____

DATE	PROJECT TASK / WORK DELIVERABLE DESCRIPTION	START	END	HOURS	RATE / HR	LINE TOTAL
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____
____/____/____		____:____	____:____	____ hrs	\$ ____	\$ ____

PAYMENT INSTRUCTIONS & REMITTANCE CHANNELS:

Bank Name / Routing #: _____

Account #: _____ Account Type: ☐ Checking

Digital Transfer (PayPal / Stripe / Zelle): _____

Late Fee Policy: 1.5% interest per month applied after due date.

Thank you for your business and partnership!

INVOICE FINANCIAL SUMMARY:

TOTAL BILLABLE HOURS: _____ hrs

SUBTOTAL AMOUNT: \$ ____

DISCOUNT / RETAINER APPLIED: (\$ ____)

TOTAL BALANCE DUE: \$ ____

CLIENT WORK ACCEPTANCE & PAYMENT AUTHORIZATION:

Approved By (Print): _____

Signature: _____

Date: ____/____/20__