HOURLY CONTRACTOR TIMESHEET INVOICE

INVOICE #: H-INV-20____-000

INDEPENDENT CONTRACTOR HOURLY TIME LEDGER, TASK BREAKDOWN & PAYMENT REMITTANCE

INDEPENDENT CONTRACTOR DETAILS

Contractor Name: _____

Business / Studio: _____

Contractor Email: _____

Tax ID / SSN / EIN: _____

CLIENT COMPANY & BILLING CYCLE

Client Company: _____

Supervising Lead: _____

Billing Period: _____/_____ **to** _____/_____/20____

Payment Terms: [ ] Net 7 [ ] Net 14 [ ] Net 30

DATE	PROJECT / SPRINT TASK DESCRIPTION	START	END	HOURS	RATE ($)	TOTAL ($)
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____
___/___		__:__	__:__	____ hrs	$ _____	$ _____

PAYMENT REMITTANCE INSTRUCTIONS

1. ACH / Direct Deposit: Bank: _____

   Routing #: _____ Account #: _____

2. Wire Transfer: Swift/BIC: _____

3. Payment Due Date: _____ / _____ / 20____

4. Late Policy: 1.5% monthly late finance fee applied on overdue balances.

5. Please remit invoice questions to contractor email above.

HOURLY TOTALS

Total Billable Hours:	_____ Hours
Agreed Hourly Rate:	$ _____ / hr
Gross Labor Total:	$ _____
Approved Reimbursable Costs:	$ _____
Less Retainer / Prepayment:	- $ _____
NET TOTAL DUE:	**$ _____**

TIMESHEET VERIFICATION & CLIENT APPROVAL SIGN-OFF

Contractor Certification: I hereby certify that the hours logged above accurately represent work performed pursuant to client agreement.

CONTRACTOR SIGNATURE: _____

PRINT NAME: _____

DATE SIGNED: _____ / _____ / 20____

CLIENT APPROVER SIGNATURE: _____

PRINT NAME: _____

DATE APPROVED: _____ / _____ / 20____

Approved timesheet invoices are processed according to client's accounts payable schedule. Thank you for your continued partnership.