



Independent Contractor Invoice

Name: _____ Week Ending: _____

Address: _____

Telephone: _____ Agency Served: _____

Time Period: _____ to _____

Date	Client/Staff	Service	Rate	Total Hrs	Total Amt
			Totals:		

I understand that in order to be reimbursed for my services, I must provide all required and appropriate supporting documentation of services, for each individual and date of service, provided and billed.

Signature: _____ Date: _____