

Contract Invoice

Contractor Information

Name: _____
Address: _____
Phone No.: _____
Email: _____
Fax: _____

Client Information

Name: _____
Address: _____
Phone No.: _____
Email: _____
Fax: _____

Type of Contracting:

Charges

Description of Work Performed	Duration of Work		Hourly Fee.	No. of Hours	Amount
	From	To.			
[Description]	[Date]	[Date]	\$0.00	0	\$0.00
[Description]	[Date]	[Date]	\$0.00	0	\$0.00
[Description]	[Date]	[Date]	\$0.00	0	\$0.00
[Description]	[Date]	[Date]	\$0.00	0	\$0.00
[Description]	[Date]	[Date]	\$0.00	0	\$0.00
[Description]	[Date]	[Date]	\$0.00	0	\$0.00

Sub Total =\$0.00

Total: =\$0.00

Confirmation

Signature of Contractor
Place: _____
Date: _____

Signature of Client
Place: _____
Date: _____