|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| <ADD YOUR LOGO HERE> | |  | | --- | | Invoice Amount | | $ |   **INVOICE** | |
| **Company Name**  Phone Number  Remit Payment To:  **Name** Street Address  City, State, Zip Code |  | |  |  | | --- | --- | | Invoice No. | Invoice Date | |  |  | | Payment Terms | | |  | | |
| Their Company Name Street Address  City, State, Zip Code |  | Your Company Name |
| **PAYMENTS WILL NOT BE CREDITED UNLESS MAILED DIRECTLY TO THE REMIT ADDRESS LISTED ABOVE** | | |

|  |  |  |
| --- | --- | --- |
| Customer Name | Department | Customer No. |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Type | Units | Rate | Amount |
| Week Worked: mm/dd/yyyy  Employee Name |  |  |  |  |
| Total This Week Worked: | Reg: OT:  DT: |  |  |  |

|  |  |
| --- | --- |
| Reg: OT: DT: | Total – This Invoice: |

Please include the invoice numbers being paid with the payment. Disregard this notice if payment has been made.