|  |  |  |  |
| --- | --- | --- | --- |
| <ADD YOUR LOGO HERE> |

|  |
| --- |
| Invoice Amount |
| $ |

 **INVOICE**  |
| **Company Name**Phone NumberRemit Payment To:**Name**Street AddressCity, State, Zip Code |  |

|  |  |
| --- | --- |
| Invoice No. | Invoice Date |
|  |  |
| Payment Terms |
|  |

 |
| Their Company NameStreet AddressCity, 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/yyyyEmployee 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.