CONTRACTOR INVOICE

Contractor / Freelancer	Client						
Name			Name				
Address			Address				
City	Prov.	Postal Code	City		Prov.	Postal Code	
E-mail			E-mail				
Telephone (Business)	Fax		Telephone (Business)		Fax		
Type of contracting							
Charges							
			uration of Work Hourly		No of Amount		
Description of Work Performed		From	To fee		hours		
				TOTAL (before tax)			
					TAXES		
					TOTAL		
Fee Schedule							
If the fee is going to be paid during sev	veral months						
	ar Apr	May June	July A	ug Sep	Oct	Nov Dec	
Description of Fee Schedule							
Confirmation							
Place and Date			Place and Date				
Signature, Contractor / Freelancer		Signature, Employer	Signature, Employer				
Print Name			Print Name	Print Name			
			1				