

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

Description of Work Performed	Duration of Work		Hourly fee	No of hours	Amount
	From	To			
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL (before tax)					0.00
GST Registration Number				GST	0.00
TOTAL					0.00

Fee Schedule

If the fee is going to be paid during several months <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec
Description of Fee Schedule

Confirmation

Place and Date	Place and Date
Signature, Contractor / Freelancer	Signature, Employer
Print Name	Print Name