



10580 Justin Drive
Urbandale, IA 50322

FREELANCE INVOICE

Vendor Name: _____ Fed ID / SS # _____

Vendor Address: _____ Cell # : _____
_____ Check here if new
_____ address.

Vendor Phone # : _____ E-mail address: _____

Invoice #: _____ Date: _____

*****Each job must be billed separately for job costing analysis ***
Invoices must be submitted within (10) days of job.**

Event: _____ Location: _____

Comments: _____

Date	Position	Hours Worked	Time In	Time Out	Rate	Total

Invoice Total Billed : _____