

INDEPENDENT CONTRACTOR INVOICE

Please type or print legibly.

TO:

Project or Organization: _____
Address of Project or Organization: _____

Contractor 's Name: _____

Address: _____

Social Security: _____ OR EIN: _____

Date of Service: _____

Description of Services Rendered: _____

Fee for Service: _____

Independent Contractor 's Signature Date

Project Director Signature (required) Date