

CONTRACT WORKER INVOICE



Contract Worker Name: _____

Service Provided to: _____

Month of : _____

Invoice Number: _____

								Hours	Kilometres <small>(if applicable)</small>
Wk 1 Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Wk 2 Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Wk 3 Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Wk 4 Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Wk 5 Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Week Total Hours	Week Total Kms.
Start:									
Finish:									
Hours:									
Total Hours of Service and Kilometres:									

SERVICE HOURS: \$	per hour x	hours =	\$
KILOMETRES: \$	per km. x	kms. =	\$
EXPENSES: (receipts provided)			\$
Total Due:			\$

Approval for Payment:

Contract Worker Signature: _____

Service Received (Signature): _____ **Date:** _____