

Independent Contractor Invoice

Contractor Name: _____
 Payment Address: _____

Session #: _____ Center: _____

	Date	# of Hours/Flat Fee	Description of Work Performed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Number of Hours:
 Rate per hour:
Total Hourly Pay:
Total Flat Fee:
TOTAL INVOICE:

Payments made on contract basis - No taxes withheld

Contractor Signature : _____

Center Director Approval: _____

TLC OFFICE USE ONLY

TLC Corp Officer Approval: _____ Check Date: _____

QB Entered Date: _____ Check Number: _____