



**FREELANCE LABOR RECORD / MANUAL 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.**

Purchase Order #: \_\_\_\_\_ Job Name / #: \_\_\_\_\_  
 Comments: \_\_\_\_\_

Date	Position	Hours Worked	Time In	Time Out	Rate	Total

**Invoice Total Billed : \_\_\_\_\_**