Enter company name here

INDEPENDENT CONTRACTOR

Enter street address here
Enter city, state, and zip here
Web site address

Phone here

BILL TO:

WORK PERFORMED:

JOB

QTY/#	DESCRIPTION	PRICE	AMOUNT

SERVICE PERSON	DATE	HOURS	RATE	AMOUNT
			TOTAL	

PARTS	
LABOR	
TAX	
TOTAL	

GUARANTEED 30 DAYS AGAINST LABOR AND MATERIAL DEFECTS

COMMENTS:

SERVICE SUPERVISED BY

SIGNED