## **STAFFING AGENCY INVOICE**

		DETAILS		
	DATE:			
	INVOICE NO			
FROM	BILL TO			
COMPANY:	COMPANY:			
ATTN:	ATTN:			
ADDRESS:	ADDRESS:			
CITY, STATE:	CITY, STATE: ZIP:			
ZIP:				
PHONE:	PHONE:			
E-MAIL:	E	E-MAIL:		
DESCRIPTION		HOURS	RATE (\$/HR)	AMOUNT (\$)
			SUBTOTAL	
NOTES:			DISCOUNT	
			TAX / VAT	
			TOTAL	

THANK YOU FOR YOUR BUSINESS

