

CONTRACTED LABOR INVOICE

NAME: _____

ADDRESS: _____

Payment for contracted services are considered taxable income and will require a Social Security Number or Employer Identification Number
S.S. # _ _ _ - _ _ - _ _ _
E.I.N. # _ - _ _ _ - _ _ _ _

DESCRIPTION	AMOUNT

I declare under the penalties of perjury that this claim is just and correct and that no part of it has been paid except with respect to those advance amounts shown.

CONTRACTOR'S SIGNATURE DATE

ACCOUNT NUMBER	AMOUNT
_____	\$ _____
_____	_____
_____	_____

ISD #701 SUPERVISOR SIGNATURE DATE