**INDEPENDENT CONTRACTOR INVOICE**

**SUBMIT AT LEAST ONE WEEK BEFORE PAYDAY, ACCORDING TO THE PAYROLL SCHEDULE,**

TO THE OAKLAND LEAF MOTHER GARDEN 143-34TH AVE. FAX: 510.8825

SUBMITTED BY:

|  |  |
| --- | --- |
| NAME | ORGANIZATION/COMPANY (IF APPLICABLE) |
| ADDRESS | |
| CITY, STATE,ZIP CODE | |
| PHONE NUMBER | TYPE OF SERVICE PROVIDED |
| SITE/PROGRAM | INVOICE/PAY PERIOD |

|  |  |  |
| --- | --- | --- |
| DATE | HOURS X RATE = SUBTOTAL | |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
|  | X | = $ |
| **TOTAL AMOUNT** | | **$** |

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SIGNATURE OF INDEPENDENT CONTRACTOR/DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION OF PROGRAM DIRECTOR / DATE