

P.O. Box 116 • Raynham, MA 02767

Phone: 800-821-4644 Fax: 508-822-7375

State where employed:	

	Invoice No:
Bi-WeeklyInvoice	Date:
For Week Beginning Date:	Billed for Services to:

To Week Ending Date	2:		
HOURS	DESCRIPTION	HOURLY RATE	AMOUNT

HOURS	DESCRIPTION	HOURLY RATE	AMOUNT
		SUBTOTAL	
		EXPENSES	
		TOTAL DUE	

Contractor Signature:	Date:	
_		

If you have any questions concerning this invoice call:

Make all checks payable to:

THANK YOU FOR YOUR BUSINESS!

All signed bi-weekly invoices must be emailed to apdist@edistaffing.com

EDI Staffing New Hire Forms (2014)

Bi-Weekly Invoice