

# INDEPENDENT CONTRACTOR INVOICE

*Independent Contractor Name*

*Independent Contractor Email Address*

*Independent Contractor Address*

Cell: \_\_\_\_\_  
 Office: \_\_\_\_\_

*Independent Contractor Phone Number(s)*

**INVOICE NO:** \_\_\_\_\_ **INVOICE DATE:** \_\_\_\_\_

**Bill To:** Duke Ellington School of the Arts  
Lee Jackson  
Director of Finance

**Remit Payment To:** \_\_\_\_\_  
 (If Different from above)

**Address:** 3500 R Street, NW  
Washington, DC 20007

**Address:** \_\_\_\_\_  
 (If Different from above)

**Pay period:**

DATE	TASK DESCRIPTION	TIME IN	TIME OUT	TOTAL HRS.
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
/ / 2022				
TOTAL HOURS WORKED				
PAY RATE				
TOTAL PAYMENT DUE				

*I certify that the above referenced dates and hours worked are accurate and in accordance with the independent contractor agreement that I signed with Duke Ellington School of the Arts.*

\_\_\_\_\_  
*Independent Contractor Signature*

\_\_\_\_\_  
 Date

*Thank you for believing in the mission of the Duke Ellington School of the Arts!*