

Employer's Name: _____

SALARY INVOICE

Name: _____

Street Address: _____

City, State, Country: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Payment Period: [Start Date] to [End Date]

Date: February 11, 2019

Employee's Name

Name: _____

Street Address: _____

City, State, Country: _____

ZIP Code: _____

Payment Period	Hours	\$ / Hour	Amount (\$)
[Comments or Special Instructions]		Gross Pay	
		Withholdings	
		TOTAL	

Thank you for your business!



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FREE ONLINE INVOICE