

Invoice For Services Provided For Kiss This Makeup, LLC



office@kissthismakeup.com

Date of invoice: (DATE YOU CREATED INVOICE)

Contractor: (YOUR NAME)

Address: (YOUR MAILING ADDRESS)

Phone: (YOUR PHONE NUMBER)

Email: (YOUR EMAIL)

Date of booking: (THE DATE OF THE BOOKING YOU WORKED)

Company/Client: (NAME OF CLIENT)

Type: (WEDDING, TRIAL, SHOOT, ETC)

Services Provided: (EX 4 PARTY HAIR @ YOUR RATE, 1 BRIDE HAIR @ YOUR RATE)

Materials: (EX 3 LASHES, ONLY LIST MATERIALS THAT ARE REUMBIRSED AS INDICATED ON EXHIBIT A)

Travel: (EX \$0.30 per mile over 60 miles to and from home address)

Additional Costs: (Working touchups, applying extensions, etc)

Amount Due: \$ (TOTAL YOU'VE COME UP WITH)

Amount Paid: \$ (FOR EMPLOYER/DO NOT FILL OUT)

Contractor Signature: (YOUR SIGNATURE)

- Please be sure to save the file name as the date of the booking worked.
- You may also use another system as long as these guidelines are followed.