



IOWA HIGH SCHOOL SPORTS NETWORK
 650 S. PRAIRIE VIEW DR. STE. 125
 WEST DES MOINES, IOWA 50266

FREELANCE INVOICE

Vendor Name: _____ Fed ID / SS # _____

Vendor Address: _____ Cell # : _____
 _____ Check here if new
 _____ address.

Vendor Phone # : _____ E-mail address: _____

Invoice #: _____ Date: _____

*****Each job must be billed separately for job costing analysis ***
 Invoices must be submitted within (10) days of job.**

Event: _____ Location: _____

Comments: _____

Date	Position	Hours Worked	Time In	Time Out	Rate	Total

Invoice Total Billed : _____