

Bill To: Corporate Event Staff
4630 S Kirkman Rd Suite 147
Orlando, Fl 32811
corpeventstaff@gmail.com

Date
Billed For: Invoice:
Show's
Name:
Show's
Location:

From: Name:
Address:
Phone Number:
Email:

Description

Department	Hours Worked	Hourly Rate Of Pay	Straight Time	Overtime	Amount
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					
Date:					

Total: