[A blue and white sign

AI-generated content may be incorrect.](https://www.smartsheet.com/try-it?trp=12401&utm_source=template-word&utm_medium=content&utm_campaign=SEO)**Payroll Invoice Template Example**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | **Your Logo** |  |
| Your Business Name |  |  |  | |  |  |
| 123 Main Street |  |  |  | |  |  |
| Hamilton, OH 44416 |  |  |  | |  |  |
| (321) 456-7890 |  |  |  | |  |  |
| email@address.com |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Bill To |  |  | Date | |  | Invoice No. |
| ATTN: Name / Dept |  |  | 3/15/20XX | |  | A246 |
| Company Name |  |  | Date Payment Due | |  | Lead Time |
| 123 Main Street |  |  | | 4/15/20xx |  | 2 weeks |
| Hamilton, OH 44416 |  |  | |  |  |  |
| (321) 456-7890 |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **Project Details** | | | | | | |
| Provide brief overview of, or any pertinent information regarding, the project if applicable. | | | | | | |
|  |  |  | |  |  |  |
| **Date** | **Description of Work** | | | **Hours** | **Rate** | **Total** |
| 3/11/20xx | Consultation; flat rate | | | 1 | $75.00 | $75.00 |
| 3/12/20xx | Design | | | 12 | $50.00 | $600.00 |
| 3/13/20xx | Shipping | | | 1 | $30.00 | $30.00 |
| 3/13/20xx | Discount | | | 1 | -$30.00 | -$30.00 |
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| **Remarks / Instructions** | | | |  | **Subtotal** | $675.00 |
| Make checks payable to | | | | **Tax Rate** | **3.80%** | $25.65 |
|  |  | | |  | **Total** | **$700.65** |

**THANK YOU**

For questions concerning this invoice, please contact  
Name, (321) 456-7890, Email Address  
www.yourwebaddress.com

**Payroll Invoice Template**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | | **Your Logo** |  |
| Your Business Name |  |  |  | |  |  |
| Street Address |  |  |  | |  |  |
| City, State, Zip |  |  |  | |  |  |
| Phone |  |  |  | |  |  |
| email@address.com |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Bill To |  |  | Date | |  | Invoice No. |
| ATTN: Name / Dept |  |  |  | |  |  |
| Company Name |  |  | Date Payment Due | |  | Lead Time |
| Street Address |  |  | |  |  |  |
| City, State, Zip |  |  | |  |  |  |
| Phone |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **Project Details** | | | | | | |
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|  |  |  | |  |  |  |
| **Date** | **Description of Work** | | | **Hours** | **Rate** | **Total** |
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| **Remarks / Instructions** | | | |  | **Subtotal** |  |
| Make checks payable to | | | | **Tax Rate** | **%** |  |
|  |  | | |  | **Total** |  |

**THANK YOU**

For questions concerning this invoice, please contact  
Name, (321) 456-7890, Email Address  
www.yourwebaddress.com

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