FREELANCE (INDEPENDENT CONTRACTOR) INVOICE

Bill From
Name:
_____
Company Name:
_____
Street Address:
_____
City, ST ZIP Code: _____

Phone: _____

Invoice Number _____
Invoice Date _____
Due Date _____

Bill To
AP@G2AV.COM
G2 AUDIO VISUAL, LLC 959 Apple Lane
Altamonte Springs, FL 32714 407- 584-7744

Description	Quantity / Hours	Price ($)	Total ($)
		Subtotal	
		Sales Tax	
		Other	

Total	