

Employer's Name: _____

SALARY INVOICE

Name: _____

Street Address: _____

City, State, Country: _____

ZIP Code: _____

Phone: _____

E-mail: _____

Payment Period: [Start Date] to [End Date]

Date: February 11, 2019

Employee's Name

Name: _____

Street Address: _____

City, State, Country: _____

ZIP Code: _____

Payment Period	Hours	\$ / Hour	Amount (\$)
[Comments or Special Instructions]	Gross Pay		
	Withholdings		
	TOTAL		