



2000 Wadsworth Blvd. #300, Lakewood, CO 80214
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2016 SUBCONTRACTOR INVOICE

Please fill out invoice and include it with your clinic packet.

SUBCONTRACTOR NAME	
SUBCONTRACTOR PAY CLASS	(CIRCLE ONE) RN LPN CLERK OTHER
CLINIC NAME	
Clinic ID	
CLINIC Date	
ARRIVAL TIME	(CIRCLE ONE) AM PM
END TIME	(CIRCLE ONE) AM PM
TOTAL HOURS	
HOURLY BILL RATE	\$
MILEAGE	\$10
BONUS AMOUNT	\$
Other expenses	
TOTAL AMOUNT DUE	\$

 Contractor Name Date

 Contractor Signature