



Independent Professional Invoice Record

Professional Name _____

Shift details

Facility Name: _____

Shift Date: _____

Start Time: _____

am / pm

Break Duration: _____

End Time: _____

am / pm

Total Hours On Invoice: _____

I represent that the information on this invoice record is accurate and that ShiftKey should invoice the Facility for this Shift.

Professional Signature _____

Start Time

End Time

Client Print Name

Client Print Name

Client Signature

Client Signature

The Facility representative acknowledges that the invoice details in this invoice record are correct and, unless there are apparent errors, the invoice is approved and will be paid once it is processed



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