



# INDEPENDENT CONTRACTOR INVOICE

PLEASE COMPLETE THE FORM IN ITS ENTIRETY.  
(IF THIS IS YOUR FIRST TIME WORKING FOR US, PLEASE FILL OUT A W-9 AND INDEPENDENT CONTRACTOR STATEMENT)

NAME OR COMPANY: _____	EVENT: _____
ADDRESS: _____	DATES: _____
CITY, ST, ZIP: _____	LOCATION: _____
PHONE: _____	POSITION: _____
EMAIL: _____	

## FEES

DATE	DESCRIPTION	AMOUNT
<b>TOTAL FEES:</b>		

## EXPENSES \*ONLY IF APPROVED\*

DATE	DESCRIPTION	AMOUNT
<b>EXPENSES TOTAL:</b>		

<b>TOTAL FEES:</b>	
<b>EXPENSES TOTAL:</b>	
<b>TOTAL AMOUNT DUE:</b>	

### CREW ACKNOWLEDGEMENT AND RELEASE

- I understand that I will be paid for performing a specific job as an independent contractor for CVM Productions, Inc., not as a staff member or employee.
- I fully understand that as an independent contractor:
  - I am responsible for providing and maintaining my own tools and equipment and paying for my own out-of-pocket expenses, except as specifically agreed otherwise.
  - I am free to work for other companies.
  - I am not eligible for holiday pay, vacation pay, sick pay, medical, life or disability insurance, overtime unemployment compensation or Worker's Compensation coverage or any benefits that may be afforded to CVM employees.
  - I am free to perform a job in any reasonable means and manner, free from interference, supervision, direction, or control by CVM, except for periodic inspection to ensure that performance takes place in accordance with this Agreement, the requirements of CVM's customers and applicable law.
  - I will and hereby do indemnify and hold CVM harmless from all claims and liabilities arising out of my performance of any job, including injury to myself or any other person, damage to any property and the obligation to pay income, social security, self-employment or other tax related to my compensation.
- I understand that CVM will file IRS form 1099-MISC when annual payments, including fees, per diem and expenses, equal or exceed \$600.00. It is the responsibility of the recipient to keep track of actual expenses incurred in order to reduce the tax liability.
- In consideration of the aforesaid compensation, I release and discharge CVM Productions, its employees and agents from any and all claims relating to this engagement.

**I HAVE READ THE INFORMATION ABOVE AND HEREBY AGREE TO THE TERMS AND CONDITIONS, INCLUDING THE RELEASE AND DISCHARGE DESCRIBED IN THIS FORM.**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**EMAIL OR FAX INVOICE FOR PAYMENT:**  
**EMAIL: CREW@CVMPRODUCTIONS.COM**  
**FAX: 574.257.8582**