



# INVOICE / RECEIPT

Date	
Invoice No.	
Project / Job No.	
Contract No.	

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 -----  
 Phone: ----- Email: -----  
 License No: -----

CLIENT / BILLING INFORMATION	PROJECT / JOB SITE LOCATION
Company: -----	Project Name: -----
Contact: -----	Address: -----
Address: -----	City/ST/ZIP: -----
City/ST/ZIP: -----	Superintendent: -----
Phone: -----	Architect/Eng: -----

ITEM NO.	DESCRIPTION OF WORK / MATERIALS / LABOR	QTY	UNIT RATE	AMOUNT

**PAYMENT METHOD / DETAILS**  
 Check No: ----- Date: -----  
 Wire Transfer Ref: -----  
 Credit Card (last 4 digits): -----

**RECEIPT CONFIRMATION**  
 Sign & Date upon receiving payment

Subtotal	
Tax / Permitting Fees	
Retainage (----- %)	
Total Amount Due	
Remaining Balance	

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**Authorized Representative Signature**

Date:.....

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**Client Acceptance / Sign-Off**

Date:.....