

# INVOICE

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Invoice No:

Date:

Due Date:

## SUBCONTRACTOR INFORMATION

Contact Name:

Phone:

Email:

License No:

## CONTRACTOR / CLIENT INFORMATION

Company Name:

Billing Address:

Project Name:

Project No / PO:

| ITEM NO. | DESCRIPTION OF WORK / MATERIALS | QUANTITY | UNIT PRICE | TOTAL AMOUNT |
|----------|---------------------------------|----------|------------|--------------|
|          |                                 |          |            |              |
|          |                                 |          |            |              |
|          |                                 |          |            |              |
|          |                                 |          |            |              |
|          |                                 |          |            |              |
|          |                                 |          |            |              |

|                     |  |
|---------------------|--|
| Subtotal            |  |
| Retainage ( .... %) |  |
| <b>Total Due</b>    |  |

## PAYMENT TERMS & INSTRUCTIONS

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Subcontractor Authorized Signature

Contractor Approval Signature