

# INVOICE

SUBCONTRACTOR SERVICES

Invoice No. \_\_\_\_\_

Date \_\_\_\_\_

Due Date \_\_\_\_\_

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## SUBCONTRACTOR INFO

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.....  
.....

Phone: .....

Tax ID/SSN: .....

## GENERAL CONTRACTOR / CLIENT

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.....  
.....

Contact: .....

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|----------------------|
| <b>PROJECT NAME:</b> |
| <b>PROJECT NO:</b>   |
| <b>WORK ORDER #:</b> |

| DATE | DESCRIPTION OF SERVICES RENDERED | HOURS/QTY | RATE (\$) | TOTAL (\$) |
|------|----------------------------------|-----------|-----------|------------|
|      |                                  |           |           |            |
|      |                                  |           |           |            |
|      |                                  |           |           |            |
|      |                                  |           |           |            |
|      |                                  |           |           |            |
|      |                                  |           |           |            |

Subtotal \_\_\_\_\_

Retention/Deduction \_\_\_\_\_

**Total Due**

**PAYMENT TERMS & INSTRUCTIONS**

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SUBCONTRACTOR SIGNATURE DATE

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CONTRACTOR APPROVED BY DATE