

SUBCONTRACTOR

BILLING FORM

SUBCONTRACTOR NAME

COMPANY / TRADE

ADDRESS

PHONE / EMAIL

CLIENT / CONTRACTOR NAME

PROJECT / JOB NAME

BILLING ADDRESS

CONTACT PERSON

INVOICE / BILLING #	DATE	BILLING PERIOD (FROM/TO)	PAYMENT TERMS
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DATE	DESCRIPTION OF SERVICES / TASKS COMPLETED	HOURS	HOURLY RATE	TOTAL AMOUNT

TOTAL HOURS	
SUBTOTAL	
TAX / OTHER	
TOTAL DUE	

PAYMENT INSTRUCTIONS / NOTES

SUBCONTRACTOR SIGNATURE

DATE _____

CLIENT APPROVAL SIGNATURE

DATE _____