

COMMERCIAL CONSTRUCTION CO.

123 Industrial Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO

Client Name:
Address:
City/State/Zip:

PROJECT SITE

Project Name:
Job Number:
Site Manager:

Date Received	Material Description / SKU	Quantity	Unit	Unit Price	Total

Subtotal: \$ _____
Tax (___%): \$ _____
Freight/Delivery: \$ _____

Total Balance Due: \$ _____

Notes / Special Instructions:

Payment Terms: Net 30 Days. Please make checks payable to Commercial Construction Co.