SUBCONTRACTOR INVOICE

Invoice #: _________
Date: _________

[Subcontractor Name]
[Address Line 1]
[Address Line 2]
[Phone] | [Email]
[Tax ID / EIN]

BILL TO (GENERAL CONTRACTOR)

[Company Name]
[Contact Person]
[Address Line 1]
[Address Line 2]

PROJECT DETAILS

Project Name: [Project Name]
Project Location: [Job Site Address]
Contract/PO #: [Number]
Application #: [Number]

Item #	Description of Work / Phase	Scheduled Value	% Complete	Total Earned

Total Completed to Date: $ _________
Less Previous Applications: $ _________
Less Retainage ([___]%): $ _________

TOTAL DUE THIS INVOICE: $ _________

CERTIFICATION & LIEN WAIVER

The undersigned warrants that the work covered by this invoice has been completed in accordance with the contract documents and that all previous payments received have been applied to discharge subcontractor obligations (labor, materials, equipment) related to this project.

Authorized Signature
Date