SERVICE INVOICE

Invoice #: _____
Date: _____

Subcontractor:
[Name/Company]
[Address]
[Phone/Email]
[License #]

Bill To (General Contractor):
[Client Name/Company]
[Project Address/Job Site]
[PO/Project Number]

Description of Work (Room/Area)	Material/Type	Quantity (Sq Ft)	Rate	Total

Subtotal: $ _____
Tax/Other: $ _____

Total Amount Due: $ _____

Notes: _____

Signature: _____ **Date:** _____