INVOICE

[Subcontractor Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

INVOICE #: [000]
DATE: [MM/DD/YYYY]
PROJECT ID: [Project Name/Ref]

BILL TO (PRIME CONTRACTOR):

[Contractor Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

JOB SITE LOCATION:

[Client Name / Property Name]
[Site Address]
[City, State, Zip]

Description of Services/Materials	Quantity/Hrs	Rate	Amount
[Service: e.g., Grading, Hardscape Install]	0.00	$0.00	$0.00
[Service: e.g., Softscape Planting]	0.00	$0.00	$0.00
[Material: e.g., Mulch, Sod, Stone]	0.00	$0.00	$0.00
[Other: e.g., Disposal Fees, Equipment Rental]	0.00	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

PAYMENT TERMS: Net [30] Days. Please make checks payable to **[Subcontractor Name]**.

NOTES: All landscaping work performed according to contract specifications dated [MM/DD/YYYY].