PLUMBING INVOICE

[Subcontractor Business Name]
[License Number]
[Phone Number]
[Email]

Invoice #: _____
Date: _____
Project/PO #: _____

Bill To: (General Contractor)

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

Job Site Location:

[Project Name]
[Site Address]
[Unit/Suite #]

Description of Work / Materials	Qty/Hrs	Rate	Total
[Service Description]			$
[Service Description]			$
[Materials/Parts Detail]			$

Description of Work / Materials	Qty/Hrs	Rate	Total
[Materials/Parts Detail]			$

Labor Total: $ _____
Materials Total: $ _____
Tax: $ _____

Total Balance Due: $ _____

Terms & Notes

Payment Terms: [e.g., Net 30]

Please make checks payable to: **[Payee Name]**

All work performed meets local plumbing codes and standards.