INVOICE

[Subcontractor Business Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email]
[License #]

INVOICE # [0000]
DATE: [Date]
PROJECT NAME: [Project Name]
PO/CONTRACT #: [PO Number]

BILL TO (GENERAL CONTRACTOR)
[GC Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

WORK SITE LOCATION
[Site Name/Lot #]
[Street Address]
[City, State, Zip]

DESCRIPTION OF WORK / MATERIALS	QUANTITY	UNIT PRICE	TOTAL
[Labor/Trade Description]	[Hours/Units]	$[0.00]	$[0.00]
[Materials/Equipment Description]	[Units]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Retainage (%): ($[0.00])
Total Due: $[0.00]

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to **[Subcontractor Business Name]**. Payment is due within [Number] days. Partial lien waiver provided upon receipt of payment.