INVOICE

Invoice #: _____
Date: _____

Subcontractor Name
Address Line 1
City, State, Zip
Phone: (___) ___-____
Tax ID: _____

BILL TO: GENERAL CONTRACTOR

Company Name:
Project Manager:
Address:
City, State, Zip:

PROJECT DETAILS

Project Name/No:
Project Address:
Contract/PO #:
Scope of Work:

Description of Work / Materials	Quantity	Unit Price	Total

Subtotal: $_____
Retention (%): ($_____)
Total Amount Due: $_____

PAYMENT INSTRUCTIONS & NOTES

Make all checks payable to _____.
Payment is due within _____ days of invoice date.

Subcontractor Authorized Signature: _____ Date: _____