INVOICE

Subcontractor Name: _____

License #: _____

Date: _____

Invoice #: _____

Bill To (General Contractor):

Company: _____

Address: _____

Phone: _____

Job Site Location:

Address: _____

Project Name: _____

Job #: _____

Description of Work (Materials & Labor)	Qty/Squares	Rate	Total

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes / Terms: _____

Payment due within _____ days. Please make checks payable to: _____

Subcontractor Signature: _____
Date: _____