COMMERCIAL CONSTRUCTION

[Business Address Lane 1]
[City, State, Zip]
[Phone Number]
[Email/Tax ID]

LABOR INVOICE

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / GENERAL CONTRACTOR

[Client Name]
[Company Name]
[Project Address]
[City, State, Zip]

JOB SITE INFORMATION

Site Name: _____
Supervisor: _____
Work Period: _____

WORK DATE	LABOR CLASSIFICATION (TRADE)	DESCRIPTION OF TASK	HOURS	RATE ($)	TOTAL ($)

Labor Subtotal: $ _____
Equipment/Misc: $ _____
Tax (%): $ _____

TOTAL DUE: $ _____

TERMS & NOTES

Payment Terms: Net [30] Days. Please make checks payable to **[Company Name]**.

Certification: I hereby certify that the above hours are accurate and the work was performed according to contract specifications.

Authorized Signature: _____ Date: _____