# INVOICE

**Plumbing Services Provider**
[Street Address]
[City, State, Zip]
[License #] | [Phone]

| | |
|---|---|
| Invoice Date: | |
| Invoice #: | |
| Project ID: | |
| Payment App #: | |

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**BILL TO:**

[Client Name]
[Billing Address]
[City, State, Zip]

**PROJECT LOCATION:**

[Site Name/Address]
[Contact Person]

| Description of Work / Phase | Contract Amount | % Complete | Total to Date |
|---|---|---|---|
| Rough-in (Underground/Slab) | $ | % | $ |

| Description of Work / Phase | Contract Amount | % Complete | Total to Date |
|---|---|---|---|
| Top-out (Stack/Vent/Water lines) | $ | % | $ |
| Fixture Installation / Trim | $ | % | $ |
| Materials On-Site | $ | % | $ |
| Approved Change Orders | $ | % | $ |

Total Work Completed: $ ___________
Less Retainage (____%): ($ ___________)
Less Previous Payments: ($ __________)
CURRENT AMOUNT DUE: $ ___________

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**Payment Terms:** Due within [X] days. Please make checks payable to [Company Name].

*Notes: This interim invoice represents work completed to date as per the original contract and approved change orders.*