[CONTRACTOR NAME]

[Business Address]
[City, State, Zip]
[Phone Number]
[License #]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

[Client Name]
[Billing Address]
[City, State, Zip]
[Email/Phone]

PROJECT DETAILS

Project Name: [Project Name]
Location: [Site Address]
Contract Date: [Date]

Description	Percentage	Amount
Initial Deposit / Mobilization Fee Payment required for project commencement and material procurement.	[00]%	$0.00

Total Contract Value: $0.00

Amount Due Now: $0.00

Payment Instructions:
Please make checks payable to [Company Name] or pay via [Payment Method].

Terms: This initial payment is non-refundable upon commencement of material orders or site mobilization as per the signed contract.