UPFRONT PAYMENT INVOICE

General Contractor Services

Invoice #: _____

Date: _____

FROM:

Company Name:
Address:
Phone:
License #:

BILL TO:

Client Name:
Project Address:
Phone:
Email:

Description of Deposit / Mobilization Costs	Amount
Initial Project Deposit (Due prior to commencement)	$
Material Procurement (Specify: _____)	$
Permitting and Administrative Fees	$

Description of Deposit / Mobilization Costs	Amount
Mobilization / Site Preparation	$

Subtotal: $ _____
Tax (if applicable): $ _____

TOTAL DUE NOW: $ _____

Payment Terms:

This upfront payment is required per the signed contract dated _____. Work will commence upon receipt of funds. Please make checks payable to _____.

Contractor Signature: _____