[CONTRACTOR NAME]

[Business Address]
[Phone Number]
[License Number]

INVOICE

Invoice #: [000]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name]
[Client Address]
[Client Phone]

PROJECT

[Project Name/Ref]
[Job Site Address]

Description	Quantity	Unit Price	Total
Mobilization Fee Includes transport of equipment, site setup, and administrative scheduling.	1	$0.00	$0.00
[Additional Item/Permit Fee]	-	$0.00	$0.00
Subtotal		$0.00	
Tax ([0]%)		$0.00	

Total Due	**$0.00**

Payment Terms: This mobilization fee is due prior to the commencement of on-site work. Non-refundable upon scheduling.

Note: Make all checks payable to [Contractor Name]. Thank you for your business.