

INVOICE

[Invoice Number]

DATE ISSUED

[Date]

FROM:

[Contractor Business Name]

[Address Line 1]

[City, State, Zip]

[Phone Number]

[License #]

BILL TO:

[Client Name]

[Project Name/Address]

[City, State, Zip]

[Email Address]

Description of Labor/Service	Staff/Role	Hours	Rate	Amount
[Task Description]	[Name/Title]	0.00	\$0.00	\$0.00
[Task Description]	[Name/Title]	0.00	\$0.00	\$0.00

Materials / Expenses	Quantity	Unit Price	Amount
[Item Description]	0	\$0.00	\$0.00

Labor Total: \$0.00
Materials Total: \$0.00
Tax: \$0.00

TOTAL DUE: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Payment is due within [X] days. Please make checks payable to [Business Name].