

INVOICE

Subcontractor Services

Invoice #: _____

Date: _____

SUBCONTRACTOR INFORMATION

Name: _____

Address: _____

Phone: _____

Tax ID/EIN: _____

BILL TO (GENERAL CONTRACTOR)

Company: _____

Project Name: _____

Project Address: _____

PO/Job #: _____

Description of Work / Materials	Quantity/Hours	Rate/Unit	Total

Subtotal: \$ _____
Retention (_____ %): (\$ _____)
Tax: \$ _____

Total Due: \$ _____

Payment Terms: _____

Notes: _____

Subcontractor Signature

GC Approval Signature