

CONSTRUCTION INVOICE

Airport Infrastructure Division

Invoice #: _____

Date: _____

Service Provider:

[Company Name]

[License Number]

[Address Line 1]

[City, State, Zip]

Client / Airport Authority:

[Airport Name]

[Terminal/Project Reference]

[Department/Contact]

[Address Line 1]

Description of Services / Materials	Units/Hrs	Rate	Total
Site Preparation & Excavation (Terminal Footprint)			
Structural Steel Fabrication & Erection			
HVAC & Specialized Filtration Systems			
Electrical & Baggage Handling Integration			
Project Management & Safety Oversight			

Description of Services / Materials

Units/Hrs

Rate

Total

Subtotal: \$ _____

Retention (_____ %): \$ _____

Tax: \$ _____

Amount Due: \$ _____

Payment Terms: Net [30] Days. Please include Invoice # on all wire transfers.

Authorized Signature: _____