

[CONTRACTOR NAME]

[Street Address]
[City, State, Zip]
[License #]

INVOICE

Invoice #: [0000]
Date: [Date]
Project ID: [Project #]

CLIENT / OWNER

[Company Name]
[Contact Name]
[Billing Address]

PROJECT SITE

[Commercial Property Name]
[Suite/Unit #]
[Site Address]

Description of Shell Services	Quantity/Hrs	Rate	Total
Demolition & Site Prep: Removal of non-load bearing partitions and debris.	-	-	\$0.00
Metal Stud Framing: Installation of perimeter and core walls.	-	-	\$0.00
Rough-In Utilities: Core plumbing and electrical conduits.	-	-	\$0.00

Description of Shell Services	Quantity/Hrs	Rate	Total
HVAC/Fire Suppression: Main duct trunk and sprinkler main line.	-	-	\$0.00
Concrete/Flooring: Leveling and sub-floor preparation.	-	-	\$0.00

Subtotal: \$0.00

Tax/Permit Fees: \$0.00

Retainage (%): (\$0.00)

Amount Due: \$0.00

Payment Terms: Net [30] days. Please make checks payable to [Contractor Name].

This invoice covers work performed from [Start Date] to [End Date] per the Commercial Shell Construction Agreement.