

CONSTRUCTION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / OWNER:

[Client Name]
[Billing Address]
[Contact Email/Phone]

PROJECT LOCATION:

[Parking Structure Name/Phase]
[Site Address]
[Permit Number]

WORK CODE	DESCRIPTION OF MATERIALS / SERVICES	QTY/HRS	RATE	AMOUNT
03-3000	Concrete Reinforcement & Post-Tensioning			
03-4000	Precast Concrete Components (Beams/Joists)			
11-1200	Parking Control Equipment & Gates			

WORK CODE	DESCRIPTION OF MATERIALS / SERVICES	QTY/HRS	RATE	AMOUNT
26-5000	Lighting Systems & Emergency Signage			
09-9000	Deck Coating & Traffic Markings			
Subtotal:				

Material Tax: \$ _____
Retention (____ %): (\$ _____)
TOTAL DUE: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes / Lien Waivers: [Insert conditional lien waiver status here]

Authorized Signature: _____ Date: _____