

[CONSTRUCTION FIRM NAME]

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

INVOICE

Invoice #: [0000]
Date: [MM/DD/YYYY]
Project ID: [HOSP-000]

CLIENT / FACILITY

[Hospital Name]
[Department/Attention]
[Facility Address]
[City, State, Zip]

PROJECT PHASE DETAILS

Phase: [e.g., HVAC/Medical Gas Installation]
Period: [Date] to [Date]
PO #: [Purchase Order Number]

Description of Work / Material	Quantity	Unit Price	Total
[Itemized Phase Activity - e.g., Rough-in Plumbing]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Materials - e.g., Grade A Specialized Steel]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Compliance/Permit Fees]	[0.00]	[\$[0.00]]	[\$[0.00]]

Description of Work / Material	Quantity	Unit Price	Total

Subtotal: \$[0.00]

Tax: \$[0.00]

Retention (____ %): - \$[0.00]

Total Amount Due: \$[0.00]

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

Certification: I hereby certify that the work performed and materials supplied are in accordance with the health facility safety standards and project specifications.

Project Manager Signature