

CONSTRUCTION INVOICE

Expansion Project Phase: _____

Invoice #: _____

Date: _____

Due Date: _____

CONTRACTOR

[Company Name]

[Address Line 1]

[City, State, Zip]

License #: _____

BILL TO: SHOPPING CENTER MANAGEMENT

[Client Name/Entity]

[Site Address]

[City, State, Zip]

Project ID: _____

Description of Work / Materials	Quantity/Hrs	Unit Price	Total
Site Preparation & Foundation Expansion			
Structural Steel Fabrication & Erection			
HVAC & Utility Rerouting			
Interior Build-out (Retail Shells)			
Permits & Inspection Fees			

Subtotal: \$0.00

Tax (___%): \$0.00

Retainage (___%): (\$0.00)

Balance Due: \$0.00

PAYMENT INSTRUCTIONS & TERMS

Please make all checks payable to [Company Name]. Payment is due within [Number] days. Late payments are subject to a [Percentage]% monthly finance charge.

Project Site: [Shopping Center Name] - East/West Wing Expansion Area.