INVOICE

INVOICE #
DATE

FROM: SUBCONTRACTOR DETAILS
Name/Company:

Address:

Phone/Email:

Tax ID:

TO: GENERAL CONTRACTOR / CLIENT
Company Name:

Address:

Project Name:

Project Address:

Description of Work (Room/Surface)	Quantity / Sq Ft	Rate	Amount

Materials Reimbursables (Paint, Primer, Supplies)	Amount

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Labor Subtotal: $ _____
Materials Subtotal: $ _____
TOTAL DUE: $ _____

PAYMENT INSTRUCTIONS / NOTES

Thank you for your business.