

INVOICE

Business Name: _____

License #: _____

Date: _____

Invoice #: _____

Client Information:

Name: _____

Address: _____

Phone: _____

Project Location:

Description of Materials & Labor	Qty/Hrs	Rate	Total
French Drain Installation (per linear ft)			
Catch Basin & Grate Units			
PVC/Corrugated Piping			
Gravel/Backfill Material			
Excavation & Trenching Labor			
Site Restoration (Sod/Seed)			

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes: _____

Payment Terms: Net ____ days. Please make checks payable to _____.