

DRYWALL INVOICE

Company Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

Due Date: _____

CLIENT / BILL TO:

PROJECT SITE / JOB:

PO #: _____

| DESCRIPTION OF SERVICES (HANG, TAPE, FINISH, SAND) | QUANTITY / SF | RATE | AMOUNT |
|--|---------------|------|--------|
| | | | |
| | | | |
| | | | |

| DESCRIPTION OF SERVICES (HANG, TAPE, FINISH, SAND) | QUANTITY / SF | RATE | AMOUNT |
|--|---------------|-------|--------|
| MATERIALS & RENTALS (SCAFFOLDING, LIFT, BOARD) | QTY | PRICE | AMOUNT |
| | | | |
| | | | |

Subtotal: \$ _____
 Tax: \$ _____
 Retainage (%): (\$ _____)
TOTAL DUE: \$ _____

Notes / Payment Terms:

Thank you for your business.