

DRYWALL INVOICE

Subcontractor: [Business Name]

[Address]

[License #] | [Phone]

Invoice #: _____

Date: _____

Project Name: _____

Bill To (Contractor/Client):

[Name/Company]

[Address]

[City, State, Zip]

Job Site Location:

[Address]

[Unit/Lot #]

Description of Services (Hanging, Taping, Sanding, Repairs)	Quantity/SF	Rate	Total
---	-------------	------	-------

Drywall Installation (Hanging)

Finishing (Tape, Mud, Sand) - Level: ____

Materials (if not provided by GC)

Other: _____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes / Terms:

Payment due within ____ days. Please make checks payable to: _____

Authorized Signature: _____