

INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[License Number]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

[Client Name]
[Client Address]
[Client Phone]

Project Site:

[Project Name/Lot #]
[Project Address]
[Permit Number]

Description of Post-Tension Work	Quantity / S.F.	Rate	Total
Slab-on-Grade Prep & Formwork			
Tendon Installation & Spacing			
Anchor Placement & Rebar Reinforcement			
Concrete Pour Labor / Finish			
Post-Tension Stressing (Elongation Logs)			
Tendon Trimming & Pocket Patching			

Subtotal	\$0.00
Tax	\$0.00
Grand Total	\$0.00

Payment Terms: Net 30 days. Please make checks payable to [Your Company Name].

Notes: All stressing records and elongation reports are attached to this invoice for engineering approval.