

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Project ID: _____

Customer / Bill To: [Name]
[Address]
[City, State, Zip]
Installation Site: [Project Name/Lot #]
[Address]
[City, State, Zip]

Description of Precast Services	Qty / Linear Ft	Rate	Amount
Precast Wall Panels (Standard Height)			
Corner Sections / Specialized Fittings			
Crane Rental & Setting Fees			
Joint Sealing & Waterproofing Labor			

Description of Precast Services

Qty / Linear Ft

Rate

Amount

Excavation Prep / Stone Base Work

Subtotal: \$ _____

Tax Rate (%): _____

Tax Amount: \$ _____

Total Due: \$ _____

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

All precast components are manufactured and installed according to [State/Local] building codes and engineering specifications.