

SLAB ON GRADE INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Phone Number]
JOB SITE LOCATION:

[Project Name/Site]
[Site Address]
[Slab Dimensions / Total Sq Ft]

DESCRIPTION OF WORK & MATERIALS	QUANTITY	UNIT PRICE	TOTAL
Site Prep, Grading & Compaction			
Formwork Installation & Stripping			
Vapor Barrier & Perimeter Insulation			
Reinforcement (Rebar/Mesh/Chairs)			
Concrete Supply ([PSI] Mix Design)			

DESCRIPTION OF WORK & MATERIALS	QUANTITY	UNIT PRICE	TOTAL
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Placement & Finishing (Smooth/Broom)

Saw Cutting & Control Joints

Subtotal \$ _____

Tax \$ _____

Total Due \$ _____

NOTES / PAYMENT TERMS:

Net [30] days. Please make checks payable to **[Company Name]**. All concrete work is performed according to ACI standards. Warranty excludes hairline cracking due to natural shrinkage.