# SIDING INVOICE

Invoice #: _____
Date: _____

**SUBCONTRACTOR INFORMATION**

Name: _____
Address: _____
Phone: _____
Tax ID/EIN: _____

**BILL TO**

Contractor: _____
Project Name: _____
Job Location: _____
PO Number: _____

| Description of Work (Siding Type, Area, Trim) | Quantity / Sq. Ft. | Rate | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Subtotal: $_____
Misc / Material: $_____
TOTAL DUE: $_____

**NOTES / PAYMENT TERMS**

_____
Subcontractor Signature

_____
Date Signed