INVOICE

PROGRESS-000

Contractor Name/Company
License #: 00000000
Phone: (555) 000-0000

CLIENT / PROJECT LOCATION

Name: _____
Address: _____
_____

BILLING DETAILS

Date Issued: _____
Due Date: _____
Project: Bathroom Remodel

Phase / Description	Total Value	% Complete	Amount Due
Demolition & Debris Removal	$ 0.00	____ %	$ 0.00
Rough-in Plumbing & Electrical	$ 0.00	____ %	$ 0.00
Waterproofing & Tile Work	$ 0.00	____ %	$ 0.00
Cabinetry & Fixture Install	$ 0.00	____ %	$ 0.00
Other: _____	$ 0.00	____ %	$ 0.00

Subtotal: $ 0.00
Less Previous Payments: ($ 0.00)

CURRENT AMOUNT DUE: $ 0.00

Notes: ____

Please make checks payable to: ________________________