INVOICE

Subcontractor Name
Address Line 1
City, State, Zip
Phone / Email

Invoice #: _____
Date: _____
Project/PO #: _____

Bill To:

General Contractor Name
Company Name
Address Line 1
City, State, Zip

Job Site:

Project Name
Site Address
City, State, Zip

Description of Work / Materials	Qty/Hrs	Rate/Price	Amount
LABOR			
MATERIALS			

Description of Work / Materials	Qty/Hrs	Rate/Price	Amount

Labor Total: $0.00
Materials Total: $0.00
Tax: $0.00

Total Amount: $0.00

Notes:

Payment Terms: Net 30 Days. Please make checks payable to Subcontractor Name.