[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[License #]

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / GENERAL CONTRACTOR

[Name/Company]
[Address]
[City, State, Zip]
Attn: [Project Manager]

PROJECT DETAILS

Site: [Project Name/Location]
Phase: [Work Phase]
PO #: [Purchase Order Number]

LABOR CLASSIFICATION	PERSONNEL / ID	HOURS	RATE	LINE TOTAL
[Trade / Grade]	[Name]	0.00	$0.00	$0.00
[Trade / Grade]	[Name]	0.00	$0.00	$0.00
[Overtime/Premium]	[Name]	0.00	$0.00	$0.00

LABOR CLASSIFICATION	PERSONNEL / ID	HOURS	RATE	LINE TOTAL
[Equipment Operator]	[Name]	0.00	$0.00	$0.00

Labor Subtotal: $0.00
Tax / Burdens: $0.00
TOTAL DUE: $0.00

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

Certifications: All labor hours reported above are verified against site daily logs. Certified payroll reports available upon request.