

DRYWALL SERVICES

[Subcontractor Name]
[Address]
[Phone] | [Email]
[Tax ID / License #]

INVOICE

Invoice #: _____
Date: _____
PO #: _____

BILL TO (General Contractor):

[GC Company Name]
[Project Manager Name]
[Billing Address]

PROJECT / JOB SITE:

[Project Name/Job #]
[Site Address]
[Lot/Unit #]

Description of Work (Hang, Tape, Finish, Texture)	Quantity / SqFt	Unit Price	Total

Description of Work (Hang, Tape, Finish, Texture)	Quantity / SqFt	Unit Price	Total

Subtotal: \$ _____
 Retainage (____%): \$ _____

TOTAL DUE: \$ _____

Notes / Payment Terms:
 [e.g., Net 30, Due upon receipt]

Subcontractor Signature / Date