

INVOICE

Excavation & Earthworks Services

Invoice #: _____

Date: _____

SUBCONTRACTOR:

[Company Name]

[Address]

[Phone]

[License #]

BILL TO:

[Prime Contractor/Client Name]

[Project Name/Site Address]

[Contact Person]

Work Description (Equipment/Labor/Materials)	Qty / Hours	Rate	Amount
[e.g. Site Clearing / Grading]			
[e.g. Trenching / Excavation]			
[e.g. Operator Labor]			
[e.g. Fill Dirt / Hauling Fees]			
[e.g. Mobilization Fee]			

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Payment Terms: Net [] Days

Notes: All work performed according to site specifications. Please make checks payable to: _____