

# INVOICE

Subcontractor Name  
License #  
Address, City, State, Zip

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

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## Bill To (Prime Contractor):

Company Name  
Contact Person  
Address, City, State, Zip

## Service Location:

Client Name / Site Name  
Address, City, State, Zip

| Description of HVAC Services / Parts | Qty | Rate | Amount |
|--------------------------------------|-----|------|--------|
|                                      |     |      |        |
|                                      |     |      |        |
|                                      |     |      |        |
|                                      |     |      |        |

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total: \$** \_\_\_\_\_

## Notes / Unit Details:

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

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Terms: Net 30. Please make checks payable to \_\_\_\_\_.