

INSTALLATION INVOICE

Subcontractor Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

PO #: _____

BILL TO (GENERAL CONTRACTOR)

Name: _____

Address: _____

City/State/ZIP: _____

JOB SITE LOCATION

Project Name: _____

Address: _____

Lot/Bldg #: _____

Area / Description (e.g., Attic, Exterior Walls)	Material Type (Fiberglass, Spray Foam, etc.)	R- Value	Qty (Sq Ft)	Rate	Total

NOTES / DISCLOSURES

Work completed per local building codes and manufacturer specifications. Areas inspected and cleared of debris upon completion.

Material Subtotal: \$ _____

Labor Subtotal: \$ _____
Tax: \$ _____
TOTAL DUE: \$ _____

Subcontractor Signature

Date of Acceptance

Payment Terms: Net ____ days. Thank you for your business.