

# MASONRY SUBCONTRACTOR

123 Stone Way, Bricktown, ST 12345  
Phone: (555) 000-0000 | License #: 00000000

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Project #: \_\_\_\_\_

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### BILL TO (GENERAL CONTRACTOR)

Contact Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_

### PROJECT SITE

Job Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Work Period: \_\_\_\_\_

Description of Work (Materials & Labor)	Qty/Hrs	Rate/Unit	Total
Brick/Block Installation: _____			\$
Mortar, Sand, & Cement Supplies			\$
Equipment Rental (Scaffolding, Mixer)			\$

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**Description of Work (Materials & Labor)**

**Qty/Hrs**

**Rate/Unit**

**Total**

Demolition / Site Preparation

\$

Cleanup & Debris Removal

\$

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

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

Retainage (\_\_\_%): (\$ \_\_\_\_\_)

Total Amount Due: \$ \_\_\_\_\_

**PAYMENT NOTES & WARRANTY**

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

All masonry work is guaranteed against defects in workmanship for one year from completion date.

Subcontractor Signature: \_\_\_\_\_

Date: \_\_\_\_\_