

PLUMBING INVOICE

Subcontractor Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

Project/PO #: _____

BILL TO (GENERAL CONTRACTOR)

Company: _____

Address: _____

City/State: _____

JOB SITE LOCATION

Owner/Site: _____

Address: _____

Scope: Rough-in Finish Repair

Description of Work / Materials	Qty/Hrs	Rate/Price	Amount

Labor Subtotal: \$ _____

Materials Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

NOTES / WARRANTY TERMS

Subcontractor Signature: _____

Date: _____