

INVOICE

[Subcontractor Business Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Main Contractor/Client Name]

[Project Name / Reference]

[Street Address]

[City, State, Zip]

SITE LOCATION:

[Project Site Name]

[Full Site Address]

Site Manager: _____

Description of Equipment / Labor	Qty	Duration	Rate	Total
Scaffolding Rental (Weekly/Monthly)				
Erection / Dismantling Labor				
Safety Inspections / Tags				
Delivery & Mobilization				
Other: _____				

Subtotal: \$0.00

Tax Rate (%): 0.00%

Total Amount Due: \$0.00

Payment Instructions:

Please make checks payable to [Subcontractor Business Name].

Bank Details for Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business.