

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project ID: [Project #]

CLIENT / OWNER

[Client Name]
[Company Name]
[Address Line 1]
[Address Line 2]

PROJECT DETAILS

Site: [Project Name/Phase]
Contract: [Original Contract Date]
Manager: [Admin Name]

DESCRIPTION OF SERVICES	HOURS/QTY	RATE/UNIT	AMOUNT
Site Observation & Field Reports	0.00	\$0.00	\$0.00
Submittal & RFI Review	0.00	\$0.00	\$0.00
Payment Application Certification	0.00	\$0.00	\$0.00
Change Order Administration	0.00	\$0.00	\$0.00

DESCRIPTION OF SERVICES	HOURS/QTY	RATE/UNIT	AMOUNT
Reimbursable Expenses (Travel/Printing)	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

TOTAL DUE: \$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to [Company Name]. Payments are due within [30] days. Late payments may be subject to a [0%] monthly interest charge.