INVOICE

Construction / Contractor Invoice

Contractor _____

Address _____

Phone / Email _____

License # _____

Bill To

Client _____

Address _____

Project _____

Job site _____

Invoice # _____

Invoice date _____

Due date _____

PO / Contract # _____

Work Performed

Description	Qty	Unit	Rate	Amount

Subtotal	
Tax rate	%
Tax	
Less deposit	
TOTAL DUE	

Payment Terms

Payment due within 30 days. Make checks payable to the contractor named above, or pay by ACH / card. A late fee of 1.5% per month may apply to overdue balances.

_____ Date: _____

Contractor signature

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