

Contractor Company

123 Main St.
City, State ZIP
Phone: (555) 123-4567
Email: info@contractor.com

Work Order Invoice

Invoice #: _____
Date: _____
Work Order #: _____

Bill To:

Client Name: _____
Address: _____
Phone: _____
Email: _____

Description of Work

Description	Quantity	Unit Price	Total
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____
Tax: _____
Total Due: _____

Notes / Special Instructions

Contractor Signature

Date: _____
Client Signature

Date: _____