

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: _____