

Contractor Service Invoice

Contractor Information

Company Name: _____
Contact Name: _____
Address: _____
Phone: _____
Email: _____

Invoice Details

Invoice #: _____
Date: _____
Due Date: _____

Client Information

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

Service Details

Description of Service	Date	Qty/Hours	Rate	Amount

Subtotal:

Tax (%):

Other Charges:

Total Due:

Notes / Terms

Authorized Signature

Client Signature