

Time and Materials Project Invoice

From

Company Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (____) ____-____

To

Client Name
Client Address Line 1
Client Address Line 2
City, State ZIP
Phone: (____) ____-____

Invoice Details

Invoice #: _____
Date: ____/____/_____
Due: ____/____/_____
Project: _____

Labor

Description	Hours	Rate	Amount
[Labor Description]	____	\$ ____.____	\$ ____.____

Materials

Description	Quantity	Unit Cost	Amount
[Material Description]	____	\$ ____.____	\$ ____.____

Subtotal \$ ____.____
Tax \$ ____.____
Total Due \$ ____.____

Notes

Authorized Signature

Client Signature