

Contractor/Company Name:

Address:

Phone:

Email:

Invoice Receipt

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

Description	Hours/Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

Tax: _____

Total: _____

Amount Paid: _____

Balance Due: _____

Notes/Comments:

Authorized Signature

Client Signature