

INVOICE

Business name _____
Street address _____
City, State ZIP _____
Phone _____
Email _____
License # _____

Invoice # _____
Invoice date _____
Due date _____

BILL TO

Client name _____
Billing address _____
City, State ZIP _____
Phone or email _____

JOB SITE

Job site address _____
City, State ZIP _____

Project _____
Period ending _____

Application # _____
Original contract sum _____

DESCRIPTION	SCHEDULED VALUE	PERCENT COMPLETE	THIS INVOICE

Payment terms _____
Payment methods _____
Notes Conditional lien waiver for this application
attached.

Earned to date _____
Less retainage _____ %
Less previous payments _____
Current payment due _____