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 OF WORK	SCHEDULED VALUE	PREVIOUS	THIS PERIOD	% COMPLETE	BALANCE TO FINISH

Payment terms

Payment methods

Notes

Contract sum to date

Completed to date

Less retainage %

Less previous applications

Current payment due

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