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

General contractor

GC job # and cost code

Retainage rate

Subcontract or PO #

Billing # and period

WORK ITEM	SUBCONTRACT VALUE	BILLED BEFORE	THIS PERIOD	RETAINAGE 5%	NET DUE

Payment terms

Payment methods

Notes

Attached: conditional lien waiver for this billing. Certificate of insurance and W-9 are current in your file.

Revised subcontract value

Gross billed this period

Less retainage this period

Net amount due

Retainage held before

Retainage held to date

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