

CONTRACTOR'S JOB INVOICE

DATE: _____

INVOICE #: _____

Contractor's Name _____

Owner's Name _____

Contractor's License Number _____

Owner's Job Address _____

Contractor's Address _____

City, State & Zip _____

City, State & Zip _____

(Lot)

(Block)

(Tract)

Contractor's Telephone - FAX _____

Owner's Telephone - FAX _____

Contractor's Email _____

Owner's Email _____

Down Payment

Progress Payment

Final Payment

Terms: _____

Day Work

Contract

Extra

Start/Date: _____ End/Date: _____

DESCRIPTION OF WORK PERFORMED

(Describe Labor, Work, Material and Equipment Furnished)

SUMMARY	
LABOR	_____
MATERIALS	_____
CHANGE ORDER #:	_____
#:	_____
#:	_____
#:	_____
#:	_____
#:	_____
SUBTOTAL :	_____
LESS PREVIOUS PAYMENTS:	_____
LESS RETENTION _____ %:	_____
TAX:	_____
GRAND TOTAL:	_____

Submitted: x _____
(Contractor's Signature) (Date)

Customer Approval: x _____
(Owner's Signature) (Date)