

## YOUR COMPANY NAME 123 MAIN STREET CITY, STATE, ZIP CODE (123) 456-0987

## CONTRACTOR INVOICE

1001

				DATE ORDERE	D	ORDE	R TAKEN	BY
SOLD TO:				PHONE NO.		CUSTOMER OF		RDER#
ADDRESS				JOB LOCATION				
				JOB PHONE	STARTING DATE			
ATTENTION				TERMS	TERMS			
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		DESCR	MF HON OF WO	NA .				
QTY.	MATERIAL	UNIT	AMOUNT		MISCELLANE	ous c	5	
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				LAB	TOTAL MISCELLANEOUS  LABOR HRS. RATE			AMOUNT
				LAB	BUR	пкъ.	RAIE	AMOUNT
	TOTAL	MATERIALO					1000	
	TOTAL	MATERIALS				OTAL L	ABOR	
WORK ORDERED					TOTAL LABOR			
DATE ORDE			TOTAL MATERIALS					
DATE COMP	PLETED		TOTAL MISCELLANEOUS					
CUSTOMER	SIGNATURE		SUBTOTAL					
			TAX					
AUTHORIZED SIGNATURE				- [	GRAND TOTAL			