Company Name

CONTRACTOR INVOICE

xx, Street Address, District No
City, ST ZIP Code
Off: xxx-xxx-xxxx Fax: xxx-xxx-xxxx

E-mail: *firstname.lastname@companyname.com*
Photos: *results@companyname.com*

Phone: xxx-xxx-xxxx

Fax: xxx-xxx-xx-xxx

Attention: **RUTHIE** _____

Date: **mm-dd-yyyy** _____ **#Page** ____

JOB	[job title]
CONTRACTOR	[name]
DATE COMPLETED	[MM-DD-YY]

SUBJECT PROPERTY ADDRESS

[xx, Street Address, District No]

[City, ST ZIP Code]

INVOICE DETAILS

Item	Qty.	Work Item Description	Amt	Office use

NOTES:

Incomplete invoices will not be accepted. All information must be filled out