CONTRACTOR INVOICE

[Your Company Name]

Date: \_\_/\_\_/\_\_\_\_

[Your Company Motto/Slogan] Invoice #:

[Address 1]

Our contracting services are guaranteed for [*period of time*] against material defects and labor. If you are not pleased with the service we provided, please contact us at [*Phone*] or [*email*].

[Address 2]

[City, State, Zip]

[Phone]

[Fax]

|  |  |  |  |
| --- | --- | --- | --- |
| **Qty** | **Contract/Service Description** | **Price** | **Amount** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | Subtotal  Taxes  Labor  Fees/Others  Total |  |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SERVICE PERSON SIGNATURE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CLIENT SIGNATURE |  |
|  |  |
|  |  |
|  |  |