

Construction Invoice

CUSTOM SPECIALTIES

CA LIC #1234567  
P.O. BOX 358  
EVERYWHERE, CA 00000  
(555) 555-5555

Bill To:  
[Name]  
[Company Name]  
[Street Address]  
[Address 2]  
[City, ST ZIP Code]  
[Phone number]

Invoice Number  
*Thank You For Your Business*

Phone	Order Date:
Order taken by:	
Customer Order Number	
Job Phone	

Ship To:  
[Job Name]  
[Company Name]  
[Street Address]  
[City, ST ZIP Code]  
[Phone number]

<input type="checkbox"/> Day Work	<input type="checkbox"/> Contract	<input type="checkbox"/> Extra
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Oty	Materials	Price	Total	Discription of Work			
			1	Enter discription of work			
				Other Charges			1
				Total Other			1
				LABOR	HRS	RATE	AMOUNT
							1
				Total Labor			1
				Total Materials			1
				Other Total			
Total Materials			1				
Completed Date							
Work Ordered By:				Tax			
				TOTAL			2

Signature\_\_\_\_\_