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Chicago Public Art Group

Contract Labor Invoice

Date: _____

Name: _____

Address: _____

Soc. Sec. Num: _____

Phone: _____

Email: _____

Amount requested: _____ **Invoice:** _____ **of** _____

Project Name: _____

Signature: _____ **Approved by:** _____

By signing this invoice contractee agrees to the terms of the contract and understands the payment schedule may be subject to change and acknowledges payments will be received based on CPAG's cash availability. CPAG will honor all contracts and outstanding invoices.