

Contractor Invoice

Invoice #: [####]

Date Issued: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Bill To:

[Homeowner Name]
[Homeowner Address]
[City, State, Zip]

From:

[Contractor Name / Company Name]
[Address]
[City, State, Zip]
[Phone] | [Email] | [License #]

Work Completed

Change Order for partial kitchen remodel, mold removal, asbestos & drywall removal. Tax materials and labor included.

| Description of Work | Amount Due |
|-------------------------------|------------|
| | |
| | |
| | |
| | |
| | |
| Total Due This Invoice | |

Payment Terms

- Payment due by [Due Date]
- Accepted payment methods: [Check, Bank Transfer, Credit Card, etc.]

Notes

This invoice reflects work completed per the signed proposal dated [MM/DD/YYYY].

Warranty, exclusions, and retention terms per contract apply.

Thank you for your business!