SERVICE CONTRACTOR INVOICE

[YOUR COMPANY NAME]

DATE: \_\_\_/\_\_\_/\_\_\_

INVOICE #:

[YOUR COMPANY MOTTO/SLOGAN]

[ADDRESS 1]

[ADDRESS 2]

OUR CONTRACTING SERVICES ARE GUARANTEED FOR [PERIOD OF TIME] AGAINST MATERIAL DEFECTS AND LABOR. IF YOU ARE NOT PLEASE WITH THE SERVICE WE PROVIDED. PLEASE CONTACT US AT [PHONE] OR [EMAIL].

[CITY, STATE, ZIP]

[PHONE]

[FAX]

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| **QTY** | **CONTRACT/ SERVICE DESCRIPTION** | **PRICE** | **AMOUNT** |
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|  | | SUBTOTAL |  |
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| LABOR |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CLIENT SIGNATURE | | FEES / OTHERS |  |
| TOTAL |  |