

INVOICE

No		g	Project Period	64	
Agreemen	t No		Architect Name		
Work Orde	er No	§	Supervisor Name	3	
Due Date		1	***		
Client :	[Coma	pany Namel	Project :		
	[Com:	pany Address]			
	[City, 1	ST, ZIP Code,			
	Atto	2000 1 C - 2000 2000 2			
	Phone	5 40			
	Fex	M3			
	Limail	3	_		
		Description of Work Performed	-	Completion	Amount

Payment to :
[Company Name]
[Bank Name]
[Bank Account]

Tota State Tax 3%

Federal Tax

Grand Total

All materials are purranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided, and was completed in a substantial workmanlike manner.