

Contractor Invoice – Single Address

IPS Amarillo

5809 S. Western Ste 260
 Amarillo, Texas 79110
 Office: 1-806-220-6816

Full Name: _____

Address: _____

Phone: _____

Fax: _____

Invoice #: _____

Tax ID#
unless previously provided

Date: _____ Page # _____

I will pick up the check for this invoice

I want payment mailed to me

Property Address: _____

Bid Amount: _____ Bid _____

INVOICE DETAIL					
Item #	Qty.	Work Item Description	Per Unit	Unit Measure SF/LF/CY/Each/Lot	Total
NOTES:			Sub Total		
			'Ngu'Rt gxlquw'F tcy u		
			Draw 1 (Enter # or 0)		
			Draw 2 (Enter # or 0)		
			Vqvcn'Rt gxlquw'F tcy u		
			P gv'Co qwpv'qh'yj ku'F tcy		
			Tax (Enter # or 0)		
			Today's Total Request		

Incomplete invoices will not be accepted. All information must be filled out.