

Company/Contractor

Client

Name:

Name

Address:

Address

Work
Start Date

Work
End Date

Description of Work

Labor Costs		Quantity	Unit Price	Total
Total Labor Costs				

Materials		Rate	Hours	Total
Total Material Costs				

Equipment Costs		Rate	Hours	Total
Total Equipment Costs				

Other Costs		Hours / Quantity	Rate	Total
Total Other Cost				

Subtotal

Please make all checks payable to.

enter percentage Tax Rate

Total Tax

Total

Customer Signature

Contractor/Company Signature