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SUBCONTRACTOR'S INVOICE

From: _____
Subcontractor's Name

_____ _____
Vendor No. Date:

To: Craft Croswell
116 Ridgeland Plaza · Ridgeland, MS 39157

JOB# / S'man	JOB NAME / Address	Pad?	Roll Size, SF, LF, SR's (XTRAS-Step Patch, etc.)	(Must Have for @) Phase	(Must Have for @) Code	Quantity Units	Unit Rate @	TOTAL of CONTRACT

I/ we certify that all work charged on this invoice is as an independent subcontractor. I/ we agree to all conditions printed on front and back of this invoice.

X _____

TOTAL BILLINGS	$	
LESS: Supplies	$ –	
Insurance-W/C	$ –	
Draws/ Retainage	$ –	
Other -	$ –	

NET CHECK ***$***

White Copy - CRAFT-CROSWELL Copy - Subcontractor's Accounting Dept.