



UNITED SKILLED TRADES

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CONTRACTOR INVOICE

TODAY'S DATE:

CONTRACTOR

Contractor Name:		Phone:	
Company Name:		Email:	

JOB DETAILS

Customer Name:		Start Date:	
Job Address:		End Date:	

JOB LABOR

# Of Staff Onsite:		(\$) Hourly Rate:	
Total Hours:		(%) Commission:	

SERVICE DETAILS	(\$) PER ITEM	# OF ITEMS	(\$) TOTAL
1.	\$	X	\$
2.	\$	X	\$
3.	\$	X	\$
4.	\$	X	\$
5.	\$	X	\$
6.	\$	X	\$
7.	\$	X	\$
8.	\$	X	\$
9.	\$	X	\$

#	MATERIALS	TOTAL (\$)
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$

TOTALS

Labor Total:	\$	Material Total:	\$
Service Total:	\$	Subtotal:	\$

TOTAL DUE:

NOTES: