

INVOICE TO:

Magnum Enterprises, Inc.

515 North Puente Street, Brea, CA 92821

Phone: (714) 828-1191

Accounting Fax: (562) 697-5829

License No. 436517

RE:

MEI Job No. _____

Job Name _____

Job Address _____

(Address)

(City, State, Zip Code)

INVOICE FROM:

(Subcontractor Company Name)

(Address)

(City, State, Zip Code)

(Phone Number)

(Fax Number)

(Contact Person, Title)

Invoice Date _____

INVOICE NO. _____

AMOUNTS INVOICED MUST ONLY INCLUDE WORK COVERED BY AN EXECUTED SUBCONTRACT OR CHANGE ORDER. NO OTHER AMOUNTS WILL BE APPROVED FOR PAYMENT. REFER TO THE PAYMENT TERMS OF THE SUBCONTRACT FOR APPLICABLE BILLING DEADLINES.

CREATE SEPARATE INVOICES FOR SUBCONTRACT AND CHANGE ORDER BILLINGS.

This invoice covers work completed through calendar period ending _____
(Date)

SUBCONTRACT INVOICE

- OR -
(choose one)

CHANGE ORDER INVOICE

(a)	Original Contract OR Change Order Amount	_____	Change Order No.	_____
(b)	_____ Complete Through Billing Period			
(c)	Value of Work Completed Through Billing Period	_____		
		(a x b)		
(d)	LESS Prior Gross Billing	_____		
(e)	Total This Request	_____		
		(c - d)		
(f)	Retention % Per Subcontract _____			
(g)	LESS Retention	_____		
		(e x f)		
(h)	Net Amount Due This Invoice	=====		
		(e - g)		