

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.

RETENTION INVOICE

This is the FINAL invoice for the above reference project

Original Contract plus ALL Change Order Amounts

- | | | | |
|-----|---|---------|---------------------------------|
| (a) | Original Contract plus ALL Change Order Amounts | _____ | Thru MEI Change Order No. _____ |
| (b) | <u>100%</u> Complete Through Billing Period | | |
| (c) | Value of Work Completed Through Billing Period | _____ | |
| | | (a x b) | |
| (e) | LESS Total Previous <u>Net</u> Billing | _____ | |
| (f) | Net Amount Due This Invoice (Total Retention) | _____ | |
| | | (e - g) | |