



2978 Old Dixie Highway, Ste A
 Kissimmee, FL 34744
 Phone: 407-518-7777
 Fax: 407-518-7779

Weekly Subcontractor Invoice

Job Name: _____

Week Ending: _____

Company Name: _____

Job Number: _____

Description	Quantity	Price Per Item	Cost
Framing			
Drywall High Board			
Low Board			
Wood			
Finish			
Spray Texture			
Acoustical Ceiling			
Insulation			
Hourly	# Men	\$ per hour	
		Invoice Total:	

Foreman's Signature _____