

Your Organization

Primary Business Address
 Your Address Line 2
 Your Address Line 3
 Your Address Line 4

Phone: 555-555-5555
 Fax: 555-555-5555

Invoice CM**Your Invoice #****Date: xx/xx/xxx****Bill To:**

EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
830 NORTH CAPITOL AVE.
SAN JOSE, CA 95133

For: (JOB DESCRIPTION)

- 1. Service description**
- 2. PO number**
- 3. Project number**
- 4. Project Name & Description**

PHASE	CONTRACT AMOUNT	% OF TOTAL CONTRACT	PREVIOUSLY BILLED	THIS INVOICE	REMAINING	% COMPLETE
Pre-Construction						
Construction Phase						
Closeout Phase						
3% DSA Cert Letter Retention		3%				
Totals:		100%				

FINANCIAL CONTRACT SUMMARY

ORIGINAL CONTRACT AMOUNT \$XXXXXX
 APPROVED CHANGE ORDER AMOUNT \$XXXXXX
 INVOICED AMOUNT BILLED TO DATE \$XXXXXX
TOTAL REMAINING BALANCE \$XXXXXX

SAMPLE

Make all checks payable to: **Your Organization**

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Phone: 555-555-5555
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Invoice CM

Invoice #
Date: xx/xx/xxx

Bill To:

**PLEASE NOTE: THIS BACKUP DOCUMENTATION IS
REQUIRED FOR BOND AUDITS**

**EAST SIDE UNION HIGH SCHOOL DISTRICT
ATTN: CAPITAL ACCOUNTING DEPARTMENT
SEND TO: CapAcctg@esuhsd.org
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NAME OF PERSON WHO PERFORMED SERVICES	DATE	HOURS	RATE	AMOUNT
			TOTAL	

SAMPLE

Special note: Total must match billed amount on page 1. If total does not match, please clarify reason for discrepancy.