

Contractor Invoice – Single Address

IPS Amarillo

5701 Time Square, Suite #340
 Amarillo, Texas 79119
 Office: 1-806-418-2206

E-mail: invoice@bmasset.com
 Fax: 1-877-468-5532

Name: _____

Phone: _____

Fax: _____

Date: _____ #Pages _____

Tax ID# _____
 (unless previously provided)

Property Address: _____ (mandatory field)

Hourly Rate: _____ (mandatory field)

INVOICE DETAIL			
Date:	Hours:	Work Item Description	Total
Materials to be Reimbursed:			
		Total Hours X Rate:	
		Total Reimbursements:	
		Total Mileage:	
		Today's Total Request	
NOTES:			

Incomplete invoices will not be accepted. All information must be filled out.