

P.O. Box 803  
Glastonbury, CT 06033  
(860) 633-3353  
(860) 633-3375 Fax

Invoice #

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Date \_\_\_\_\_

Authorized by: \_\_\_\_\_

Attn: \_\_\_\_\_

Description of Work:
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[illegible]

	Employee Name	Reg. Hrs	OT Hrs	Reg. Rate	OT Rate	Total
	Payroll, Taxes, and Insurance				Total Labor	

Quantity	Other / Equipment Description	Rate	Total
		Total Other	

HM EMPLOYEE SIGNATURE \_\_\_\_\_

CUSTOMER SIGNATURE \_\_\_\_\_

Total Material	
Material Tax	
Total Labor	
Total Other	
<b>Subtotal</b>	
Profit %	
Overhead %	
Sales Tax	
<b>Total</b>	