Turner

EXTRA WORK INVOICE

JOB NO.:_____ Description of Work:_____

JOB NAME:_____ _____

DATE:_____ _____

Labor Summary

Classification	Quantity Hours	Unit/Hr.	Total
Laborers			
Carpenters			
	Subtotal		

Labor Cost

Classification	Employee Name	Reg. Hrs.	O.T. Hrs.
	Total Hours		

Materials Cost

Additional Material			
Description	Quantity	Unit	Total

Sublet Cost

Subcontractor	Description	Quote LS/Unit

Summary of Costs	
Subtotal Material	
Subtotal Labor	
Trucking	
Sublet Cost	
Subtotal	
OH & P	
Total Cost (EST / Lump Sum) Circle One	

Authorization:

_____

Name/Title Date

_____

Name/Title Date

White - Owner Yellow - Office Pink - File

Turner

EXTRA WORK INVOICE

JOB NO.:_____ Description of Work:_____

JOB NAME:_____ _____

DATE:_____ _____

Labor Summary

Classification	Quantity Hours	Unit/Hr.	Total
Laborers			
Carpenters			
	Subtotal		

Labor Cost

Classification	Employee Name	Reg. Hrs.	O.T. Hrs.
	Total Hours		

Materials Cost

Additional Material			
Description	Quantity	Unit	Total

Sublet Cost

Subcontractor	Description	Quote LS/Unit

Summary of Costs	
Subtotal Material	
Subtotal Labor	
Trucking	
Sublet Cost	
Subtotal	
OH & P	
Total Cost (EST / Lump Sum) Circle One	

Authorization:

_____

Name/Title Date

_____

Name/Title Date

White - Owner Yellow - Office Pink - File Goldenrod - Superintendent