

# C & J Fencing

## Split Invoice Form

Contract Name: \_\_\_\_\_ Job Date: \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Proposal #: \_\_\_\_\_

Line Item: \_\_\_\_\_ Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Line Item: \_\_\_\_\_ Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Line Item: \_\_\_\_\_ Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Line Item: \_\_\_\_\_ Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Portion %: \_\_\_\_\_

Name: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

**DISCLAIMER:** For this form to be valid it must be received by C & J Fencing no later than five (5) working days prior to the original start date of your project. If it is not received before that time, the entire invoice will be made out to the original contracted party. No Split Invoice Form will be accepted after the start of any project. **Completed forms may be faxed to (925) 355-1512.**