ELEVATED
DESIGN & CONSTRUCTION

LEAVE THIS AREA BLANK. ELEVATED OFFICE USE ONLY.

Company Name:

Invoice #

Date:

Job Name:

Payment ID:

ITEM	QTY	PRICE	TOTAL

GRAND TOTAL $

Make Check Payable to:

Name:

Address:

Payment Terms :

To ensure payment, please fill out this form in its entirety and send it to ap@elevateddc.com. You can locate your payment ID , on your contract. Please contact your Project Manager if you are unable to locate it.