

**To: Knoxville-Knox County WEATHERIZATION ASSISTANCE PROGRAM (WAP)
INVOICE**

Date: _____

Invoice # _____

CONTRACTOR INFORMATION:

Contractor Name: _____

Address: _____

Contact Person: _____

JOB INFORMATION:

Knox County Purchase Order # _____

Job #: _____ Date Job Started: _____ Date Job Finished: _____

Client Name: _____

Property Address: _____

	Material		Labor		Grand Total
ORIGINAL CONTRACT COST	\$ _____	+	\$ _____	=	\$ _____
CHANGE WORK ORDER COST	\$ _____	+	\$ _____	=	\$ _____
TOTAL JOB/INVOICE COST					\$ _____

Total number of workers who worked on this job _____ and total number hours worked on this job _____.

***Attached are the Certification of Completion and all required Davis Bacon information.
Manual J (if applicable)
Outstanding Davis Bacon (if applicable)

Date Post Audit Completed: _____

(Authorized Signature)