INVOICE

Flood Restoration Services

Invoice #: _____
Date: _____

Service Provider:
[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]
Bill To:
[Client Name]
[Property Address]
[City, State, Zip]
[Email]

Description of Repair Services	Qty/Hrs	Rate	Amount
Emergency Water Extraction & Pumping			$
Dehumidification & Industrial Fan Rental			$
Antimicrobial / Mold Prevention Treatment			$
Damaged Drywall/Insulation Removal			$
Structural Drying & Moisture Monitoring			$
Debris Disposal & Hauling			$

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes & Terms:
Payment is due within [X] days. Please make checks payable to [Company Name]. Work performed includes initial stabilization and repairs as documented above. Final moisture readings confirmed dry on [Date].