

INVOICE

Business Name

Address Line 1
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____

Date: _____

Bill To:

Service Address:

Room / Area Description	Method/Treatment	Sq. Ft / Qty	Price

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Notes / Warranty:

Payment is due upon completion of services. Thank you for your business!