INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [Date]
Due Date: [Date]

Bill To:
[Client Name]
[Client Address]
[Client Phone]
Project Site:
[Installation Address]
[Total Square Footage]

Description	Quantity/SqFt	Unit Price	Total
Artificial Turf Product: [Product Name/Type]			
Ground Preparation & Excavation			
Base Material (Crushed Stone/Decomposed Granite)			
Installation Labor (Cutting, Seaming, Securing)			
Infill Material & Power Brooming			

Description	Quantity/SqFt	Unit Price	Total
Hauling & Disposal Fees			

Subtotal: $0.00

Tax: $0.00

Balance Due: $0.00

Notes & Payment Instructions:

Please make checks payable to [Company Name]. Warranty information for [Turf Type] is attached. Thank you for your business!