# INVOICE

Fencing Installation Services

**Company Name**

123 Fence Lane
City, State, Zip
Phone: (555) 000-0000

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**BILL TO:**

Client Name
Address
City, State, Zip

**Invoice #:** _____

**Date:** _____

**Due Date:** _____

| Description (Material/Type) | Quantity (LF) | Unit Price | Total |
|---|---|---|---|
| Installation Labor | | | |
| Fencing Panels / Materials | | | |
| Posts & Concrete | | | |
| Gate(s) & Hardware | | | |
| Permit / Disposal Fees | | | |

Subtotal: $_____

Tax: $_____

**Total Amount Due: $_____**

**Payment Instructions:**

Please make checks payable to: [Company Name]

Thank you for your business!