

INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO
PROPERTY / SERVICE LOCATION

Skylight Service Description	Qty/Hrs	Rate	Amount
[Repair/Replacement/Resealing]			
[Flashing / Curbing Material]			
[Glazing / Glass Unit]			
[Labor Cost]			
Subtotal: \$			_____

Tax: \$ _____

Total: \$ _____

Notes / Warranty Information:

Thank you for your business!