

INVOICE

[Flooring Company Name]

[Address Line 1]

[Phone] | [Email]

Invoice #: [0000]

Date: [Date]

Project ID: [Project #]

Client:

[Client Name/Company]

[Billing Address]

[City, State, Zip]

Project Site:

[Commercial Site Name]

[Site Address]

Description	Material / Grade	Area (Sq Ft)	Unit Price	Amount
[Flooring Installation - e.g. LVT, Carpet Tile]	[Brand/Series]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Surface Preparation / Underlayment]	[Product Type]	[0.00]	[\$[0.00]]	[\$[0.00]]
[Transitions & Baseboards]	[Material]	[Lin. Ft]	[\$[0.00]]	[\$[0.00]]
[Labor - Commercial Installation Rate]	-	-	-	[\$[0.00]]

Subtotal: \$[0.00]

Tax ([0]%): \$[0.00]

Total Due: \$[0.00]

Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All material remains the property of [Company Name] until full payment is received.