

# INVOICE

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

**Date:** [MM/DD/YYYY]  
**Invoice #:** [0000]  
**Due Date:** [MM/DD/YYYY]

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## Client / Bill To:

[Customer Name]  
[Installation Address]  
[City, State, Zip]  
[Customer Phone]

## Project Details:

Flooring Type: [Laminate / LVP / Engineered]  
Subfloor Type: [Concrete / Plywood]  
Total Area: [000] sq. ft.

Description of Work / Materials	Quantity	Unit Price	Total
Floating Floor Installation (Labor)	[sq. ft.]	\$0.00	\$0.00
Underlayment / Vapor Barrier Installation	[sq. ft.]	\$0.00	\$0.00
Subfloor Preparation & Leveling	[Hours]	\$0.00	\$0.00
Transition Strips / T-Molding Installation	[Units]	\$0.00	\$0.00

Description of Work / Materials	Quantity	Unit Price	Total
Baseboard / Quarter Round Removal & Re-install	[Linear ft.]	\$0.00	\$0.00
Waste Disposal / Site Cleanup	1	\$0.00	\$0.00
Subtotal: \$0.00			
Tax: \$0.00			
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<b>Grand Total: \$0.00</b>			

**Notes / Warranty:**

[Specify labor warranty or material handling notes here.]

**Payment Instructions:**

Please make checks payable to [Company Name] or pay via [Preferred Method].