

INVOICE

Laminate Flooring Professionals

Invoice #: _____

Date: _____

Service Provider:

Name: _____

Address: _____

Phone: _____

Client:

Name: _____

Site Address: _____

Phone: _____

Description of Service / Material	Quantity / Sqft	Rate	Amount
Laminate Floor Installation (Fitting)			
Underlayment Installation			
Skirting / Beading Installation			

Description of Service / Material

Quantity / Sqft

Rate

Amount

Floor Preparation / Levelling

Waste Removal

Misc: _____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Terms: _____

Notes: All workmanship is guaranteed for _____ months from date of completion.

Thank you for your business!