

INVOICE

Business Name:

Address:

Phone:

Invoice #:

Date:

BILL TO:

SITE ADDRESS (If different):

Description of Preparation Service	Area (sq ft)	Rate	Amount
Grinding / Laitance Removal			
Self-Leveling Underlayment Application			
Moisture Barrier Installation			
Patching & Crack Repair			

Description of Preparation Service	Area (sq ft)	Rate	Amount
Plywood / OSB Sanding & Securing			
Debris Removal & Disposal			
			Subtotal:
			Tax:
			Total Due:

Payment Terms:

Notes:

Thank you for your business!