

INVOICE

Business Name: _____

Phone: _____

Email: _____

Invoice #: _____

Date: _____

BILL TO

PROJECT LOCATION

Description of Service / Materials	Quantity / Sq Ft	Rate	Total
LVP Flooring Material (Brand/Style: _____)			
Underlayment / Vapor Barrier			
Floor Preparation / Leveling			
Vinyl Plank Installation Labor			
Baseboard / Quarter Round Installation			
Transition Strips / T-Molding			

Description of Service / Materials

Quantity / Sq Ft

Rate

Total

Demolition & Disposal of Old Flooring

Subtotal: \$ _____

Tax: \$ _____

Amount Due: \$ _____

Notes / Warranty: _____

Payment Terms: Due within _____ days. Please make checks payable to _____.