INSTALLATION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

BILL TO:

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

JOB DETAILS:

Invoice #: [0000]
Date: [Date]
Project: Ventilation System Installation
Due Date: [Date]

Description (Unit/Model/Service)	Qty/Hrs	Rate/Price	Amount
Main Ventilation Unit: [Model/Specs]			
Ductwork & Fittings: [Description]			
Control Systems & Thermostats: [Type]			
Labor: Installation, Sealing, & Testing			
Permits & Misc:			

Subtotal: $0.00
Tax Rate (%): 0.00%
Tax Amount: $0.00

Total Amount Due: $0.00

NOTES & TERMS:

- All equipment remains property of [Company Name] until paid in full.
- Installation includes a [Number] year warranty on workmanship.
- Please make checks payable to: [Company Name]