

COMMERCIAL RENOVATION

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

INVOICE
[Invoice Number]
Date: [Date]
Due Date: [Due Date]

CLIENT / BILLING TO:

[Client Name]
[Company Name]
[Client Address]
[City, State, Zip]

PROJECT SITE:

[Project Name/Ref]
[Site Address]

Description of Services / Materials	Qty/Hrs	Rate	Amount
[Service Description]	0.00	\$0.00	\$0.00
[Service Description]	0.00	\$0.00	\$0.00
[Material/Fixture Description]	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax ([0] %): \$0.00

Total: \$0.00

PAYMENT TERMS & INSTRUCTIONS:

Please make checks payable to **[Company Name]**.

Bank Transfer: [Bank Name] | Acc: [Account Number] | Routing: [Routing Number]

Late payments are subject to a [0]% monthly interest fee.