

INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

JOB SITE:

[Site Address / Description]
[Permit Number if applicable]

| LABOR | | | |
|---------------------|-------|------|-------|
| DESCRIPTION OF WORK | HOURS | RATE | TOTAL |
| | | | |
| | | | |

| MATERIALS & FIXTURES | | | |
|----------------------|-----|------------|-------|
| ITEM DESCRIPTION | QTY | UNIT PRICE | TOTAL |
| | | | |

| MATERIALS & FIXTURES | | | |
|----------------------|-----|------------|-------|
| ITEM DESCRIPTION | QTY | UNIT PRICE | TOTAL |
| | | | |
| | | | |

Labor Total: \$ _____

Materials Total: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes / Payment Instructions:

[Payment Terms: e.g., Net 30]

[Checks Payable To: Company Name]

Thank you for your business!