INVOICE

[Business Name]
[Street Address]
[Phone Number]
[Email Address]

Date: _____
Invoice #: _____

BILL TO:

[Client Name]
[Service Address]
[Phone/Email]

PROJECT DETAILS:

Cabinet Finish: _____
Hardware Install: [ ] Yes [ ] No
Completion Date: _____

Description of Services / Materials	Quantity	Unit Price	Total
Upper Cabinet Painting/Refinishing			
Lower Cabinet Painting/Refinishing			
Island / Special Built-ins			
Primer & Premium Paint Materials			

Description of Services / Materials	Quantity	Unit Price	Total
New Hardware / Pulls Installation			

Subtotal: $_____
Tax: $_____
Deposit Paid: ($_____)

Balance Due: $_____

Notes:

Please make checks payable to: _____
Payment is due within [XX] days of project completion.

Thank you for your business!