

INVOICE

Cabinet Installation Services

Date: _____

Invoice #: _____

CONTRACTOR:

[Business Name]

[Address]

[Phone/Email]

CLIENT / JOB SITE:

[Name]

[Address]

[Phone]

DESCRIPTION OF MATERIALS	QTY	UNIT PRICE	TOTAL
Materials			
Cabinet Units (Base/Wall)			
Hardware (Hinges, Pulls, Slides)			
Trim, Molding & Fillers			
Fasteners & Adhesives			
Labor & Services			
Site Preparation / Demolition			

DESCRIPTION OF MATERIALS	QTY	UNIT PRICE	TOTAL
Cabinet Assembly & Leveling			
Hardware & Trim Installation			
Waste Removal / Cleanup			
Material Subtotal: \$ _____			
Labor Subtotal: \$ _____			
Tax: \$ _____			
GRAND TOTAL: \$ _____			

Notes: All work completed to specifications. Warranty covers installation workmanship for [Period].