

CARPENTRY INVOICE

Business Name / Contractor Name
123 Woodworking Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

Bill To:

Project Location:

MATERIALS & SUPPLIES

Description (Lumber, Hardware, Finishes)	Qty	Unit Price	Total
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LABOR & PROFESSIONAL SERVICES

Service Description (Framing, Trim, Installation)	Hours	Rate	Total
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Material Subtotal: \$ _____

Labor Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes / Terms:

Please make checks payable to: _____

Warranty: _____

Thank you for your business!