

INVOICE

Decorative Concrete & Foundation Finishing

Invoice #: _____

Date: _____

FROM:

Business Name: _____

Address: _____

Phone/Email: _____

BILL TO:

Customer Name: _____

Site Address: _____

Phone/Email: _____

| DESCRIPTION OF WORK (STAMPING, STAINING, POLISHING, SEALING) | AREA (SQ FT) | RATE | TOTAL |
|--|--------------|------|-------|
|--|--------------|------|-------|

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$_____

Payment Terms:

Due within _____ days. Please make checks payable to: _____

Thank you for your business!