INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

Bill To:
[Customer Name]
[Project Address]
[City, State, Zip]
[Phone]

Description of Work (Siding Type, Trim, Soffit)	Quantity	Rate	Total
Removal and Disposal of Existing Siding			
Installation of Vapor Barrier / House Wrap			
Exterior Siding Installation: [Material Type]			
Trim, Fascia, and Soffit Work			
Sealants, Caulking, and Consumables			
Other: _____			

Subtotal: $_____
Tax: $_____
Payments/Deposits: ($_____)

Balance Due: $_____

Notes & Warranty:

[Insert warranty terms or payment instructions here]

Thank you for your business!