

SIDING INSTALLATION

123 Contractor Way
City, State, Zip
Phone: (555) 000-0000
Email: contact@sidingpro.com

INVOICE

#INV-001
Date: [Date]
Due Date: [Date]

Bill To:

[Client Name]
[Client Address]
[Client City, State, Zip]
[Client Phone]

Project Site:

[Job Address]
[Structure Type: Residential/Commercial]
[Siding Material: Vinyl/Fiber Cement/Wood]

Description of Work & Materials	Quantity/Sq.	Unit Price	Total
Old Siding Removal & Disposal	-	\$0.00	\$0.00
House Wrap / Vapor Barrier Installation	-	\$0.00	\$0.00
Siding Installation (Main Body)	0	\$0.00	\$0.00

Description of Work & Materials	Quantity/Sq.	Unit Price	Total
Trim, Soffit, and Fascia Work	-	\$0.00	\$0.00
Materials Surcharge	-	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Balance Due: \$0.00

Notes & Payment Instructions:

Please make checks payable to: [Company Name]. Payments due within [X] days of invoice date. Thank you for your business!