# INVOICE

**Business Name**
Address Line 1
Phone: (555) 000-0000

Date: ___________
Invoice #: ___________

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**CLIENT:**

Name: ______________________
Address: ____________________
City/Zip: ____________________

**PROJECT DETAILS:**

Siding Type: _________________
Finish/Stain: _________________
Square Footage: _____________

| Description of Services / Materials | Qty/Hrs | Rate | Total |
|---|---|---|---|
| Old Siding Removal & Disposal | | | |
| Wood Siding Panels (Cedar, Pine, etc.) | | | |
| Vapor Barrier / House Wrap Installation | | | |
| Installation Labor | | | |

| Description of Services / Materials | Qty/Hrs | Rate | Total |
|---|---|---|---|
| Trim, Caulk, & Sealing | | | |

Subtotal: $________
Tax: $________

**GRAND TOTAL: $________**

**Notes / Warranty:** ____________________________________________________________

Payment Terms: Due upon receipt. Please make checks payable to: ____________________