KITCHEN RENOVATION INVOICE

Chef Grade Specialist Contractors
123 Culinary Way, Suite 500
contractors@chefgrade.com

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

PROJECT DETAILS

Project Site: _____
Lead Designer: _____
Permit #: _____

Description (Appliances, Masonry, Plumbing)	Quantity	Unit Cost	Total
Professional Grade Range/Oven Installation			
Custom Stainless Steel Fabrication/Backsplash			
Commercial Ventilation & Hood System			
Cabinetry - Premium Hardwood/Soft Close			

Description (Appliances, Masonry, Plumbing)	Quantity	Unit Cost	Total
Quartz/Stone Countertop Installation			
Specialized Plumbing (Pot Fillers/Industrial Sinks)			
Electrical & Task Lighting Circuitry			

Subtotal: $ _____
Labor & Management: $ _____
Tax: $ _____
Total Amount Due: $ _____

PAYMENT TERMS & NOTES

1. All equipment carries original manufacturer warranties.
2. Final payment due within 15 days of project completion inspection.
3. Please make checks payable to: Chef Grade Specialist Contractors.

Professional Kitchen Certification: _____ | Date: _____