INVOICE

[Contractor Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project: Kitchen Overhaul

Client:
[Client Name]
[Property Address]
[Phone / Email]
Payment Terms:
Due within [30] days of invoice date.

Description	Quantity / Hours	Unit Price	Total
Demolition & Disposal	-	-	$0.00
Cabinetry Installation	-	-	$0.00
Countertop Fabrication & Install	-	-	$0.00
Plumbing & Electrical Rough-in	-	-	$0.00
Backsplash Tile Labor	-	-	$0.00

Description	Quantity / Hours	Unit Price	Total
Appliance Hookups	-	-	$0.00
Materials (Lumber, Hardware, Sundries)	-	-	$0.00

Subtotal: $0.00
Tax Rate (%): 0.00%
Tax Amount: $0.00

Balance Due: $0.00

Notes: All work completed according to the signed project scope dated [Date]. Please make checks payable to "[Business Name]".