INVOICE

[Business Name]
[Address]
[Phone] | [Email]

Invoice #: _____
Date: _____
Project: Kitchen Install

Bill To:

[Customer Name]
[Customer Address]
[Customer Phone]

Job Site Location:

[Installation Address]
[Notes/Gate Codes]

Description of Service / Materials	Qty/Hrs	Rate	Amount
Base Cabinet Installation			
Wall Cabinet Installation			
Trim, Molding & Hardware Install			
Disposal of Old Cabinets			

Description of Service / Materials	Qty/Hrs	Rate	Amount
Misc. Materials (Shims, Screws, Caulk)			

Subtotal: $_____
Tax: $_____

Total: $_____

Payment Terms: [Net 30 / Due on Receipt]
Warranty: [1-Year Workmanship Warranty included]
Please make checks payable to: [Business Name]