INVOICE

[Specialist/Company Name]
[Address Line 1]
[Phone Number]
[Email Address]

Invoice #: [0000]
Date: [Date]
Project: [Project Name/ID]

Bill To:
[Client Name]
[Client Address]
[City, State, Zip]
Job Site:
[Site Address if different]
[Special Instructions]

Item Description (Cabinets, Hardware, Labor)	Qty/Hrs	Unit Price	Total
[e.g., Custom Upper Cabinets - Shaker Style]	[0]	$[0.00]	$[0.00]
[e.g., Soft-Close Hinges & Drawer Glides]	[0]	$[0.00]	$[0.00]
[e.g., Professional Installation Labor]	[0]	$[0.00]	$[0.00]
[e.g., Trim & Molding Finish Work]	[0]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]

Balance Due: $[0.00]

Payment Terms: [Net 30 / Due on Receipt]
Notes: All cabinetry workmanship is guaranteed for [X] years. Please make checks payable to [Company Name].