KITCHEN CARPENTRY SERVICES

[Business Address Lane]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

BILL TO:

[Client Name]
[Client Address]
[Phone Number]

PROJECT DETAILS:

Job Location: _____
Completion Date: _____

Description of Materials & Labor	Qty/Hrs	Rate	Total
Custom Cabinetry Installation			$
Hardware & Trim Work (Soft-close hinges, handles)			$
Countertop Modification/Scribing			$

Description of Materials & Labor	Qty/Hrs	Rate	Total
Material Costs (Lumber, Fasteners, Adhesive)			$
Removal & Disposal of Old Units			$

Subtotal: $ _____
Tax: $ _____
Amount Due: $ _____

PAYMENT TERMS:

Please make checks payable to: **[Your Business Name]**

Payment is due within [XX] days of invoice date. Thank you for your business!