INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

PROJECT LOCATION:

[Site Address]
[Countertop Material: e.g., Quartz/Granite]
[Edge Profile Detail]

Description	Quantity / Sq Ft	Unit Price	Total
Demolition & Removal of Existing Countertops			
Template & Digital Measurement			
Slab Material: [Material Name/Color]			

Description	Quantity / Sq Ft	Unit Price	Total
Fabrication & Edge Treatment			
Undermount Sink Cutout & Polishing			
On-site Installation & Sealing			
Plumbing Reconnection (if applicable)			

Subtotal: $_____
Tax: $_____
Deposit Paid: ($_____)

BALANCE DUE: $_____

Notes: Natural stone may vary in color and vein patterns. Please ensure cabinets are level and sinks/faucets are on-site before installation.

Payment Instructions: [Payment Methods / Bank Details]