INVOICE

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

Invoice #: _____

Date: _____

Client:
[Name]
[Address]
[Phone]
Project Location:
[Kitchen Address / Unit #]

Description	Qty / Sq. Ft	Rate	Amount
Floor Preparation & Leveling			
Flooring Material ([Type])			
Installation Labor			
Underlayment / Adhesive			
Transition Strips & Baseboards			
Old Flooring Removal & Disposal			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Payment Terms: Net [30] days. Please make checks payable to [Business Name].

Notes: [Warranty info or project notes]