KITCHEN RENOVATION INVOICE

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

Invoice #: _____
Date: _____
Project ID: _____

CLIENT / PROPERTY OWNER

[Name]
[Property Address]
[City, State, Zip]
[Email]

PROJECT SCOPE

[Brief Description, e.g., Cabinetry & Countertop Install]
Start Date: _____
Completion Date: _____

Description of Work / Materials	Quantity/Hrs	Unit Price	Total
Demolition & Disposal of Old Fixtures			$
Cabinetry Installation (Base & Wall Units)			$
Countertop Material & Fabrication			$
Electrical: Recessed Lighting & Outlet Relocation			$

Description of Work / Materials	Quantity/Hrs	Unit Price	Total
Plumbing: Sink & Dishwasher Hookups			$
Backsplash Tile & Grouting			$
Permit Fees / Miscellaneous Costs			$

Subtotal: $ _____
Tax (___%): $ _____
Less Deposit Paid: ($ _____)
Balance Due: $ _____

TERMS & INSTRUCTIONS

Please make checks payable to **[Company Name]**. Payment is due within 15 days of invoice date. All workmanship is warranted for [Number] months from completion date.

Thank you for your business!