INVOICE

[Contractor/Company Name]
[Address Line 1]
[City, State, Zip]
[Phone] | [Email]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO

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

PROJECT SITE

[Bathroom Location/Reference]
[Site Address, if different]

LABOR & PROFESSIONAL SERVICES

Description of Work	Hours	Rate	Total
[Demolition, Plumbing, Tiling, etc.]		$	$

MATERIALS & FIXTURES

Item Description	Qty	Unit Cost	Total
[Vanity, Tile, Grout, Fixtures, etc.]		$	$

Labor Subtotal: $0.00
Materials Subtotal: $0.00
Sales Tax: $0.00

TOTAL DUE: $0.00

NOTES / PAYMENT TERMS

Please make checks payable to [Company Name]. Payments due within [X] days. Thank you for your business!