DECK REPAIR CO.

123 Construction Way
City, State, Zip
Phone: (555) 000-0000
Email: info@deckrepair.com

INVOICE

Invoice #: _____
Date: _____

CLIENT:

Name: _____
Address: _____
Phone: _____

JOB SITE:

Same as Client
Other: _____
Deck Type: _____

Description of Service / Materials	Quantity / Hrs	Unit Price	Total

Description of Service / Materials	Quantity / Hrs	Unit Price	Total

Subtotal:$_____
Labor:$_____
Tax:$_____

TOTAL:$_____

Terms & Warranty:

Payment is due within ___ days. All structural repairs are warrantied for ___ years. This invoice covers board replacement, sanding, staining, and/or structural reinforcement as itemized above.

Customer Signature: _____ Date: _____