JOIST & DECK SERVICES

123 Construction Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/State: _____

PROJECT SITE

Location: _____
Permit #: _____
Structure Type: _____

Description of Structural Repair	Qty/Hrs	Rate	Total
Joist Sistering (Lumber & Adhesive)			
Ledger Board Reinforcement / Tension Ties			
Galvanized Hanger/Hardware Replacement			
Structural Jacking & Leveling Labor			

Description of Structural Repair	Qty/Hrs	Rate	Total
Debris Removal & Disposal			

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

NOTES & WARRANTY

All repairs performed according to local building codes. Structural warranty valid for _____ years. Please make checks payable to: _____