

INVOICE

[Your Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Invoice #: _____

Date: _____

BILL TO:

JOB LOCATION:

Description of Materials / Labor	Quantity	Unit Price	Total
Chain Link Fabric (Height: _____, Gauge: _____)	_____ ft	\$	\$
Top Rail / Posts / Hardware	_____	\$	\$
Gate Installation (Type: _____)	_____	\$	\$
Labor: Post Setting & Stretching	_____ hrs	\$	\$

Description of Materials / Labor	Quantity	Unit Price	Total
Site Clearing / Old Fence Removal	_____	\$	\$

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes / Terms:

Payment is due within ___ days. Warranty covers workmanship for ___ years.