

# INVOICE

[Business Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]  
[License #]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**PO #:** \_\_\_\_\_

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## CLIENT / BILL TO:

[Company Name]  
[Contact Person]  
[Billing Address]  
[Email/Phone]

## JOB SITE LOCATION:

[Project Name/Facility]  
[Site Address]  
[Fence Type: Chain Link / Ornamental / Security]

Description of Repair Work	Qty	Unit Price	Total
[e.g., Post Replacement / Gate Adjustment]			
[e.g., Mesh Patching / Barbed Wire Repair]			
Labor - Technician Hours			

Description of Repair Work	Qty	Unit Price	Total
Disposal / Haul-away Fee			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

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**Terms & Conditions:**

Payment is due within [30] days. All workmanship is guaranteed for [1 year] from the date of completion. Please make checks payable to **[Business Name]**.

*Thank you for your business!*