INVOICE

Invoice #: [000]
Date: [Date]
Job Site: [Location]

Vinyl Fencing Services
[Company Name]
[Street Address]
[City, State, Zip]

Bill To:
[Client Name]
[Client Address]
[Phone/Email]

Description (Style/Height)	Quantity (LF)	Unit Price	Total
Vinyl Panel Installation: [Style Name]			$
Post Setting & Concrete			$
Gate Assembly & Hardware: [Size]			$
Removal/Disposal of Old Fencing			$
Permit/Processing Fees			$

Subtotal: $

Tax: $

Grand Total: $

Deposit Paid: ($)

Balance Due: $

Notes & Warranty:

[Enter material warranty or labor guarantee terms here. Payment due within X days.]