INVOICE

[Invoice Number]

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

CLIENT:
[Client Name]
[Installation Address]
[Phone Number]
DETAILS:
Date: [Date]
Project: [Project Name]
PO Number: [Number]

ROOM 1: [E.G., MASTER BEDROOM]

Item / Description	Qty	Rate	Total
[Furniture Description]	0	$0.00	$0.00
Assembly & Mounting	0	$0.00	$0.00

ROOM 2: [E.G., LIVING AREA]

Item / Description	Qty	Rate	Total
[Furniture Description]	0	$0.00	$0.00
Assembly & Mounting	0	$0.00	$0.00

ADDITIONAL SERVICES

Delivery & Handling	$0.00
Old Furniture Removal / Disposal	$0.00

Subtotal: $0.00
Tax: $0.00

TOTAL DUE: $0.00

Payment due within [X] days. Please make checks payable to [Company Name].

Thank you for your business!