INSTALLATION INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Project: [Client Ref Name]

CLIENT INFORMATION

[Client Name]
[Installation Street Address]
[City, State, Zip]
[Phone / Email]

INSTALLATION SCHEDULE

Start Date: [Date]
Lead Installer: [Name]
Status: [Pending/Completed]

Description of Furniture & Service	Qty	Unit Price	Amount
[Service/Item Description Name]	0	$0.00	$0.00
[Service/Item Description Name]	0	$0.00	$0.00
[Service/Item Description Name]	0	$0.00	$0.00

Subtotal $0.00

Labor/Service Tax $0.00
Total Due $0.00

Terms: Payment is due within [X] days of installation. All premium hardware remains the property of [Company Name] until full payment is received. Quality assurance signature required upon completion.

Installer Signature

Client Acceptance