INVOICE

#INV-0000

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

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

Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Service Location: [Address]

ITEM DESCRIPTION (FURNITURE/MODEL)	QTY	RATE/UNIT	TOTAL
[Service Description - e.g., IKEA Malm Bed Frame Assembly]	[0]	$0.00	$0.00
[Service Description - e.g., Wall Mounting/Anchoring]	[0]	$0.00	$0.00
[Additional Fees - e.g., Disposal/Travel]	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00
Total Amount: $0.00

Payment Instructions:
Please make checks payable to [Business Name]. For electronic payments: [PayPal/Zelle/Venmo Info].

Terms:
Payment is due upon completion of assembly services unless otherwise specified.