[VENDOR NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE #: [00000]

DATE: [Date]

PROJECT: [Project Name/Hotel Code]

PO REFERENCE: [PO Number]

BILL TO

[Client Name]
[Company Name]
[Billing Address]
[City, State, Zip]

SHIP TO / INSTALLATION SITE

[Property Name]
[Contact Name]
[Shipping Address]
[City, State, Zip]

Item/SKU	Description (Finish/Fabric/Dimensions)	Qty	Unit Price	Total
[SKU-001]	[Product Name] - [Wood Species/Finish] - [COM Fabric Details]	[0]	$0.00	$0.00
[SKU-002]	[Product Name] - [Metal Finish] - [Stone Top Type]	[0]	$0.00	$0.00

Item/SKU	Description (Finish/Fabric/Dimensions)	Qty	Unit Price	Total
[SERVICE]	White Glove Delivery & On-site Installation	[1]	$0.00	$0.00

Subtotal:	$0.00
Freight/Logistics:	$0.00
Tax ([0]%):	$0.00
Total Amount:	**$0.00**

Payment Terms: [e.g., 50% Deposit, 50% Net 30]

Notes: Lead times begin upon receipt of deposit and approved shop drawings/finish strikes. Custom hospitality orders are non-refundable.

Banking: [Bank Name] | **Routing:** [Number] | **Account:** [Number]