FLOORING INVOICE

[Contractor Business Name]

[Address / Phone]

Invoice #: _____
Date: _____

BILL TO

[Client Name]

[Project Address]

[Phone/Email]

PROJECT DESCRIPTION

[e.g. Hardwood Install - Master Bed]

Start Date: _____

End Date: _____

Description of Labor / Service	Qty (SqFt/Hrs)	Rate	Total
Old Flooring Removal / Disposal			$
Subfloor Prep / Leveling			$
Flooring Installation			$
Baseboard / Trim Installation			$
Other: _____			$

Labor Subtotal: $_____

Materials (if applicable): $_____
TOTAL DUE: $_____

NOTES & PAYMENT TERMS

Payment is due within _____ days. Please make checks payable to: _____