CARPENTRY & REPAIR INVOICE

Invoice #: _____
Date: _____

From:
[Company Name]
[Address]
[Phone]
[License #]

Bill To:
[Client Name]
[Client Address]
[Project Location]

Description of Work / Materials	Qty / Hrs	Rate	Total
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____
_____	_____	_____	$_____

Subtotal: $_____
Tax: $_____
Total Amount: $_____

Notes & Terms:
All work completed as per agreement. Payment is due within _____ days.
Guarantee: [Length of Guarantee] on craftsmanship. Materials subject to manufacturer warranty.