INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

INVOICE #: [0000]
DATE: [Date]
PROJECT: [Project Name]

BILL TO:

[Client Name]
[Client Address]
[Client Phone]

SITE LOCATION:

[Job Site Address]
[Building/Suite #]

Description of Remodeling Services	Hours/Qty	Rate	Total
[Demolition / Site Prep]	[0]	$0.00	$0.00
[Materials - Specify]	[0]	$0.00	$0.00
[Labor - Skilled/General]	[0]	$0.00	$0.00
[Permits / Disposal Fees]	[1]	$0.00	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Terms: Due within [X] days. Please make checks payable to [Company Name].

Notes: [Insert warranty info or project completion notes here].