INVOICE

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

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

BILL TO:

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

PROJECT:

[Project Name/Location]
[Work Order #]

DESCRIPTION OF TREATMENT/SERVICE	QTY/HRS	UNIT PRICE	AMOUNT
Acoustic Panel Installation (Fabric Wrapped)	[0]	$0.00	$0.00
Bass Trap Positioning & Mounting	[0]	$0.00	$0.00
Diffuser Array Ceiling Mount	[0]	$0.00	$0.00
Labor: Site Measurement & Calibration	[0]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: All acoustical treatments are installed per manufacturer specifications. Final room testing results attached if applicable. Please make checks payable to [Company Name].