

INVOICE

Invoice Date: _____

Invoice #: _____

P.O. Number: _____

Due Date: _____

CLIENT / BILL TO

INSTALLATION SITE ADDRESS

DESCRIPTION OF WORK & MATERIALS	QUANTITY / AREA	UNIT	RATE	TOTAL

Terms & Special Instructions

Subtotal: _____

Tax Rate: _____

Total Tax: _____

Total Due: _____

Thank you for your business!