

License _____
Street, City, State ZIP
Phone
Email

Your business name

INVOICE

BILL TO **Client name**
Job address
Email
Phone

DATE:
DUE DATE: **On receipt**

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Bathroom gut demolition of fixtures and finishes (each)			
Dust containment and floor protection setup (each)			
Rough-in shower valve and water supply (each)			
Install exhaust fan and duct to exterior (each)			
Hang moisture-resistant drywall (per sq ft)			
Install cement board on shower walls (per sq ft)			
Apply liquid waterproofing membrane (per sq ft)			
Set porcelain floor tile (per sq ft)			
Set ceramic wall tile (per sq ft)			
Install vanity cabinet (each)			
Set toilet (each)			

Subtotal
Total

BALANCE DUE

HOW TO PAY
Zelle, Venmo, check or card: list how to pay here.

TERMS AND CONDITIONS
Payment is due within _____ days of the invoice date. Approved changes are billed as listed on the signed change orders. Please include the invoice number with your payment.