

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
Kitchen cabinet demolition and removal (per linear ft)			
Kitchen sink drain and supply rough-in (each)			
Kitchen small appliance branch circuit rough-in (each)			
Base cabinet set and install (per linear ft)			
Wall cabinet hang and install (per linear ft)			
Laminate countertop install (per linear ft)			
Ceramic tile backsplash install (per sq ft)			
Under-cabinet LED lighting install (per linear ft)			
Kitchen sink and faucet install (each)			
Luxury vinyl plank flooring install (per sq ft)			
Dumpster rental and haul-away (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.