

Company: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

E-mail: _____

Phone: _____

CARPET INSTALLATION INVOICE

Invoice # _____

Date: _____

Client / Customer

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

PRODUCTS (MATERIALS)

Description	Quantity	\$ / Unit	Amount
			PRODUCTS

LABOR

Description	Hours	\$ / Hour	Amount
			LABOR

Comments or Special Instructions:

SUBTOTAL

DISCOUNT

TAX

TOTAL

Payment is due within ____ days.

Thank you for your business!