

Company: _____

Name: _____

Street Address: _____

City, State: _____

ZIP Code: _____

E-mail: _____

Phone: _____

FURNITURE 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!

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FREE ONLINE INVOICE