Your Company Name

123 Your Street
Your City, ST 00000
(555) 010-0100
office@yourcompany.example
www.yourcompany.example
License #LIC-000000
Licensed and insured — certificate on request

INVOICE

No. **INV-1001**
Date **Sep 1, 2026**
Due **Sep 15, 2026**

BILL TO

Client Name
456 Client Street
Their City, ST 00000
(555) 010-0200
client@example.com

DESCRIPTION	QTY	UNIT	RATE	TAX	AMOUNT
LABOR					
Standard hourly rate (one-hour minimum)	6	hr	$95.00		$570.00
Half-day block, up to 4 hours	1	ea	$340.00		$340.00
Full-day block, up to 8 hours	1	ea	$640.00		$640.00
Trip and travel charge	1	ea	$45.00		$45.00
TV mount, up to 65 in., on stud wall	1	ea	$185.00		$185.00
Interior door adjustment or rehang	1	ea	$135.00		$135.00
Light fixture swap, existing box	1	ea	$110.00		$110.00
MATERIALS					
Material pickup fee	1	ea	$35.00	T	$35.00

Subtotal	$2,060.00
Tax (8.25%)	$2.89
Total	**$2,062.89**

T = taxable line

HOW TO PAY

Check or Zelle to Your Company Name. Please reference the invoice number.

NOTES

Work completed as described on estimate EST-1001.

TERMS

Payment is due within 14 days of the invoice date. Thank you for your business.

Accepted by

Date