

YOUR COMPANY NAME
 ADDRESS
 CITY, STATE, ZIP CODE
 PHONE AND FAX
 ADVERTISING LINE

Kitchen / Bath

Work Order / Invoice

001001

TO:

STARTING DATE	COMPLETION DATE	INVOICE DATE
HOME TEL.		WORK TEL.
CUSTOMER NAME		
ADDRESS		

CHECK MARKS DENOTE:					TERMS:	
<input type="checkbox"/> WORK TO BE DONE	<input type="checkbox"/> WORK COMPLETED	SUPPLIED BY REMODELER	SUPPLIED BY HOME OWNER	REMOVE OLD		
KITCHEN					DESCRIPTION OF WORK	
CABINETS						
COUNTERTOP						
BACKSPLASH						
FASCIA/SOFFIT						
FLOOR						
SINK						
APPLIANCES:						
PLUMBING					LABOR	
ELECTRIC						
ACCESSORIES:						
					HRS.	
						RATE
CARPENTRY					TOTAL LABOR	
CEILINGS						
WALLS						
OTHER					QTY.	
DECORATING						MATERIAL
BATHROOM 1 2 3					UNIT	
BATHTUB/SHOWER						AMOUNT
SINK						
COUNTERTOP						
CABINETS						
MEDICINE CABINET						
LIGHT BAR						
TOILET						
FASCIA/SOFFIT						
FLOORING						
ELECTRIC						
PLUMBING						
ACCESSORIES:						
CARPENTRY/WALLS						
CEILING						
OTHER						
DECORATING						
DEBRIS REMOVAL						
WORK ORDERED BY					TOTAL MATERIALS	
I hereby acknowledge the satisfactory completion of the above described work.					TOTAL LABOR	
X _____					TAX	
SIGNATURE					OTHER CHARGES	
DATE					TOTAL	

Thank You!