

Address
CITY, STATE, ZIP CODE
Phone Number
Advertising Line

001001

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

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

PAYMENT SCHEDULE

PYMT #	DATE	CHECK #	PAYMENT DESCRIPTION	AMOUNT	BALANCE
BALANCE DUE					

JOB COST RECORD

QTY.	DESCRIPTION	UNIT	COST	QTY.	DESCRIPTION	UNIT	COST

TIME AND LABOR RECORD

CONTRACTOR	DATE	IN	OUT	IN	OUT	HOURS	RATE	COST

OTHER JOB EXPENSES				TOTAL LABOR	
DESCRIPTION			COST	TOTAL MATERIALS	
				TOTAL OTHER JOB EXPENSES	
				TOTAL COSTS	
				TOTAL SELLING PRICE	
				LESS TOTAL COSTS	
				GROSS PROFIT	
				LESS OVERHEAD COSTS _____% OF SELLING PRICE	
TOTAL OTHER JOB EXPENSES				NET PROFIT	