



Invoice:

Date: _____

Associate Name: _____

Associate Phone: _____

Clients Name: _____

Address: _____

Phone: () _____ email: _____

QTY	QUOTED - DESCRIPTION	UNIT PRICE	AMOUNT

This quote is valid for _____ days
(if blank = 30 days)

Associates HST # if applicable _____

DATE of Quote Approval: _____

Customers Approval: _____

NOTES or EXTRAS:

TOTAL LABOUR _____

TOTAL MATERIALS _____

WASTE REMOVAL _____

SUBTOTAL _____

HST (13%) _____

TOTAL: _____

FINAL TOTAL: _____

PAYMENT DATE: _____ Amount: _____

☐ cash ☐ cheque ☐ debit ☐ credit ☐ other

Client Signature upon completion: _____

Date: _____ Associates Signature: _____

Warranty: reference Over55 Skills at Work website for complete warranty

1st Copy Customer - 2nd Copy O55 - 3rd Copy Associate Workery Job ID#: _____