



Invoice:

Date: _____

Associate Name: _____

Associate Phone: _____

Clients Name: _____

Address: _____

Phone: _____ email: _____

QTY	QUOTED - DESCRIPTION	UNIT PRICE	AMOUNT

This quote is valid for _____ days

TOTAL LABOUR _____

TOTAL MATERIALS _____

OTHER COSTS _____

Associates HST # if applicable _____

SUBTOTAL _____

DATE of Quote Approval: _____

HST (13%) _____

Customer Approval: _____

TOTAL: _____

NOTES or EXTRAS:

Deposit: _____

PAYMENT DATE: _____

Amount Due: _____

☐ cash ☐ cheque ☐ debit ☐ credit ☐ other

Client signature upon completion: _____

Date: _____ Associates Signature: _____

Please reference www.skillslondon.ca/warranty/ for warranty details.

Workery Job ID#: _____