INVOICE

[Your Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____

Client Information:

[Name / Building Management]
[Apartment/Unit Number]
[Street Address]

Description of Service	Area/Rooms	Rate	Amount
Interior Wall Painting (Two Coats)			
Ceiling Painting			
Trim, Baseboards & Doors			
Surface Prep & Repairs (Patching/Sanding)			
Paint & Materials Supply			

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Payment Instructions:

Please make checks payable to: [Company Name]
Payment due within [X] days of invoice date.

Thank you for your business!