INVOICE

[Your Company Name]
[License #]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Address]
[City, State, Zip]

PROJECT LOCATION:

[Site Address / Description]

Service / Item Description	Area/Qty	Rate	Total
Interior/Exterior Painting: _____			
Surface Prep (Sanding, Priming, Patching)			
Materials (Paint, Trim, Supplies)			
Labor Cost			

Subtotal: $_____
Tax: $_____

Total: $_____

Notes: Paint brand/colors: _____

Terms: Please make checks payable to _____. Warranty covers peeling or blistering due to defective workmanship for [X] years.