INVOICE

[Business Name]
[License #]
[Phone Number]
[Email]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / PROJECT LOCATION

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

PROJECT DESCRIPTION

[Project Name/Reference]
Scope: [Interior/Exterior/Commercial]

Service / Area Description	Hours/Qty	Rate	Amount
Surface Preparation Sanding, masking, caulking, and priming			
Labor: Walls & Ceilings Two coats application per room specs			

Service / Area Description	Hours/Qty	Rate	Amount
Labor: Trim & Doors Satin/Gloss finish application			
Paint & Materials Gallons, rollers, brushes, drop cloths			
Specialty Equipment Rental Scaffolding / Power Washer			

Subtotal: $0.00
Tax: $0.00
Discount/Deposit: ($0.00)

Total Due: $0.00

TERMS & NOTES

1. Paint warranty covers peeling and blistering for [X] years.
2. Final payment is due upon completion of the walk-through.
3. Please make checks payable to: **[Business Name]**