INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

Due Date: _____

BILL TO

[Client Name]
[Client Address]
[Phone/Email]

PROJECT LOCATION

[Property Address/Unit]
[Interior Specifics e.g., Master BR, Kitchen]

Description of Work	Area/SqFt	Rate	Total
Surface Prep (Sanding, Patching, Taping)			
Wall Painting (Two Coats)			
Ceiling Painting			

Description of Work	Area/SqFt	Rate	Total
Trim, Baseboards & Doors			
Materials & Paint Supplies			

Subtotal: $0.00
Tax: $0.00
Balance Due: $0.00

TERMS & NOTES

Please make checks payable to: [Company Name]

Thank you for choosing us for your interior painting needs!