INVOICE

[Business Name]
[Address Line 1]
[Phone Number]

INVOICE # [000]
DATE: [Date]

BILL TO:

[Customer Name]
[Project Address]
[Email]

PROJECT DETAILS:

Scope: Kitchen Cabinet Refinishing
Paint Brand/Color: [Brand/Code]
Finish: [Satin/Semi-Gloss/Gloss]

Description of Services & Materials	Quantity	Unit Price	Amount
Labor: Surface Prep (Degreasing, Sanding, Masking)	-	-	$0.00
Labor: Painting ([#] Doors / [#] Drawers / Frames)	-	-	$0.00
Materials (Primer, Enamel Paint, Supplies)	-	-	$0.00
Hardware Installation (Hinges, Pulls, Knobs)	-	-	$0.00

Subtotal: $0.00
Tax: $0.00
Deposit Paid: ($0.00)
Balance Due: $0.00

TERMS & NOTES:

Payment is due within [Number] days. All work includes a [Number]-year warranty on peeling or flaking. Cleaning should be done with a damp cloth only; avoid harsh chemicals for 30 days while paint cures.