INVOICE

[Business Name]

[Address / Phone]

Invoice #: _____

Date: _____

BILL TO

SERVICE ADDRESS

Description of Services (Pressure Washing / Painting)	Qty/Hrs	Rate	Total

Description of Services (Pressure Washing / Painting)	Qty/Hrs	Rate	Total

NOTES / PAYMENT INSTRUCTIONS

Subtotal: $_____
Materials / Tax: $_____
TOTAL DUE: $_____

Thank you for your business!

Customer Signature

Date