PAINTING INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

PROJECT DESCRIPTION:

[e.g., Master Bedroom and Hallway Interior]

Description (Room/Service)	Quantity/Hrs	Rate	Total
[Service/Area Details]			$
[Service/Area Details]			$
Paint & Materials			$

Subtotal: $ _____
Tax: $ _____
Amount Due: $ _____

Notes: All work completed according to residential safety standards. Please make checks payable to [Business Name].

Thank you for your business!