RESIDENTIAL PAINTING CO.

INVOICE

Invoice #: _____

Date: _____

From:
[Business Name]
[Address Line 1]
[Phone Number]
[Email Address]
Bill To:
[Client Name]
[Service Address]
[Phone Number]

Description (Room/Area/Surface)	Materials/Labor	Quantity	Unit Price	Total

Subtotal: $_____
Tax: $_____

Amount Due: $_____

Notes: [e.g., Paint brand/finish used, 1-year workmanship warranty]

Payment Terms: Due within [X] days. Please make checks payable to [Business Name].