INVOICE

[Business Name]
[Address Line 1]
[Phone / Email]

Invoice #: [00000]
Date: [MM/DD/YYYY]

CLIENT / PROPERTY MANAGEMENT:

[Client Name]
[Management Company]
[Billing Address]

JOB SITE / BUILDING:

[Apartment Building Name]
[Building Address]
[Unit Numbers / Common Areas]

Description of Services (Unit # / Area)	Materials / Paint	Labor Rate	Total
[e.g., Unit 4B - Full Interior Painting]	[Type/Brand]	$0.00	$0.00
[e.g., Main Lobby & Hallway Touch-ups]	[Type/Brand]	$0.00	$0.00
[e.g., Ceiling Repair & Priming]	[Type/Brand]	$0.00	$0.00

Subtotal: $0.00
Tax: $0.00

GRAND TOTAL: $0.00

Payment Terms:

Due within [30] days. Please make checks payable to [Business Name].

Thank you for your business.