INVOICE

Bedroom Refresh Painting Project

Invoice #: _____

Date: _____

SERVICE PROVIDER

_____

_____

_____

CLIENT

_____

_____

_____

Description of Service/Materials	Quantity/Hours	Unit Price	Total
Surface Prep (Sanding, Patching, Taping)			
Interior Paint (Gallons) - Color: _____			
Ceiling & Trim Paint			
Labor: Painting Application			

Description of Service/Materials	Quantity/Hours	Unit Price	Total
Sundries (Drop cloths, brushes, rollers)			

Subtotal $ _____
Tax $ _____
Amount Due $ _____

Payment is due within ___ days. Thank you for your business!