INVOICE

[Your Company Name]
[License Number]
[Phone Number]

Invoice #: [0000]
Date: [Date]

Client / Property Manager:
[Contact Name]
[Company Name]
[Office Address]
[City, State, Zip]

Project Location:
[Building Name/Suite #]
[Street Address]

DESCRIPTION OF PAINTING SERVICES	AREA/SQFT	RATE	TOTAL
Interior Wall Preparation (Patching/Sanding)	-	-	$0.00
Prime and Paint (2 Coats) - Office Perimeter	-	-	$0.00
Door Frames & Trim (Semi-Gloss)	-	-	$0.00
Specialty Accent Wall / Lobby Area	-	-	$0.00
Materials & Industrial Coatings	-	-	$0.00

Subtotal: $0.00
Tax: $0.00

Balance Due: $0.00

Payment Terms: Net [30] Days. Please make checks payable to [Your Company Name].
Notes: All work completed according to commercial safety standards and specifications.