SERVICE INVOICE

[Contractor/Company Name]
[Address Line 1]
[City, State, Zip]
[Phone / Email]

Invoice #: _____

Date: _____

CLIENT / BILL TO:

PROJECT LOCATION:

Description of Work (Room/Surface)	Prep/Labor	Materials	Total

Subtotal: $_____
Tax Rate: _____%
Total Amount: $_____
Deposit Paid: ($_____)
Balance Due: $_____

Paint Specs & Notes:

Sheen/Brand: _____

Color Codes: _____

Payment is due within [X] days. Please make checks payable to: [Name/Business]