INVOICE

Interior Painting Services

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

BILL TO:

[Client Name]
[Property Address]
[City, State, Zip]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Completion Date: [MM/DD/YYYY]

Room / Description	Area/SqFt	Paint Brand/Finish	Total
[Room Name - e.g., Master Bedroom Walls]	[000]	[Brand/Sheen]	$[0.00]
[Room Name - e.g., Living Room Ceiling]	[000]	[Brand/Sheen]	$[0.00]
[Trim/Doors/Baseboards]	[Count]	[Brand/Sheen]	$[0.00]
[Materials/Supplies Surcharge]	-	-	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Deposit Paid: - $[0.00]
TOTAL DUE: $[0.00]

NOTES & TERMS

Final walkthrough completed and approved by client. Payment is due within [X] days. Please make checks payable to **[Business Name]** or pay via [Payment Method].