INVOICE

Painter Name/Company
Address Line 1
City, State, Zip
Phone: _____

Invoice #: _____
Date: _____

Bill To:
Name: _____
Address: _____
Project Location: _____

Description of Service / Room	Hours	Hourly Rate	Total
Interior Painting:		$	$
Surface Prep (Sanding/Taping)		$	$
Materials / Paint Reimbursement	-	-	$
Miscellaneous:		$	$

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Notes / Payment Terms:

Please make checks payable to: _____

Payment is due within _____ days of invoice date.