INVOICE

Business Name: _____

Address: _____

Invoice #: _____

Date: _____

Client Information:
Name: _____
Address: _____
Phone: _____
Job Location:
_____
_____

DESCRIPTION OF WORK (PRIMER/PAINT)	SURFACE/AREA	QTY / SQFT	RATE	TOTAL
Surface Preparation / Cleaning				
Primer Application (Coats: ___)				
Paint Application (Coats: ___)				
Materials & Supplies				

Subtotal: $ _____

Tax: $ _____

Grand Total: $ _____

Notes / Warranty Information:

____

____

Signature: ______________________________ Date: ____________