INVOICE

Ceiling & Trim Specialists

Invoice #: _____

Date: _____

FROM

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

BILL TO

Client Name
Project Address
City, State, Zip
Phone / Email

Work Description (Ceiling/Trim/Crown)	Qty/Sqft	Rate	Amount

Work Description (Ceiling/Trim/Crown)	Qty/Sqft	Rate	Amount

Notes / Terms

Payment is due within ___ days. Please make checks payable to _____.

Subtotal: $0.00
Tax: $0.00
Total: $0.00

Thank you for your business!