INVOICE

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

[Painting Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]

BILL TO (MANAGEMENT)

[Property Management Co.]
Attn: [Property Manager Name]
[Billing Address]
[Email Address]

PROPERTY DETAILS

[Building/Complex Name]
Unit Number: [Unit #]
Job Type: [Turnover/Repair/Full Paint]
P.O. Number: [Reference #]

Description of Services (Room/Area)	Quantity/Hrs	Rate	Amount
[e.g., Bedroom 1 - Walls & Trim]	[0.00]	$[0.00]	$[0.00]
[e.g., Living Room - Ceiling Scrape/Paint]	[0.00]	$[0.00]	$[0.00]
[e.g., Material/Paint Surcharge]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Tax: $[0.00]

Total Due: $[0.00]

TERMS & NOTES

Payment Terms: [e.g., Net 30]
Please make checks payable to: **[Painting Company Name]**
[Additional notes regarding warranty or paint codes used]