INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Date: _____
Invoice #: _____
Due Date: _____

Bill To:

[Client Name]
[Service Address]
[City, State, Zip]
[Phone/Email]

Service/Room Description	Materials	Labor	Total
[e.g., Living Room - Walls & Ceiling]	$	$	$
[e.g., Master Bedroom - Trim & Doors]	$	$	$
[e.g., Hallway - Priming & Patching]	$	$	$

Subtotal: $_____
Tax: $_____

Total Amount Due: $_____

Notes:

Payment is expected within [X] days. Please make checks payable to [Company Name]. Thank you for your business!