INVOICE

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

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

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

PROJECT DETAILS

Room(s): [e.g., Master Bedroom, Hallway]
Paint Type: [e.g., Eggshell Finish, Brand Name]
Primary Color: [Color Name/Code]

Description of Services	Quantity / Hours	Rate	Total
Surface Preparation Sanding, caulking, masking, and primer application	[Qty]	$[0.00]	$[0.00]
Interior Painting - Walls Two coats application	[Qty]	$[0.00]	$[0.00]
Ceiling & Trim Work Crown molding and baseboard detailing	[Qty]	$[0.00]	$[0.00]

Description of Services	Quantity / Hours	Rate	Total
Materials & Supplies Paint, rollers, drop cloths, and consumables	[Qty]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax ([0]%): $[0.00]
Deposit Paid: -$[0.00]
Balance Due: $[0.00]

TERMS & NOTES

Please make checks payable to **[Company Name]**. All work completed according to industry standards. Final payment is due upon project completion. Thank you for your business!