

DRYWALL SERVICES

[Business Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

INVOICE

Invoice #: _____
Date: _____
Project: _____

BILL TO:

[Client Name]
[Client Address]
[Phone / Email]

JOB SITE LOCATION:

[Project Street Address]
[City, State, Zip]

Description of Service / Material	Quantity / Sq Ft	Unit Price	Total
-----------------------------------	------------------	------------	-------

Hanging / Installation			
------------------------	--	--	--

Description of Service / Material	Quantity / Sq Ft	Unit Price	Total
-----------------------------------	------------------	------------	-------

Taping, Mudding & Sanding (Level __)

Drywall Sheets ([Size/Type])

Supplies (Tape, Compound, Screws)

Waste Removal / Disposal Fee

Subtotal: \$ _____

Tax: \$ _____

Amount Due: \$ _____

Payment Terms: [Net 30 / Due on Receipt]

Notes: [Insert warranty information or payment instructions here]

Thank you for your business!