

INVOICE

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

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

BILL TO

[Client Name]
[Client Address]
[Client City, State, Zip]
[Client Phone]

PROJECT SITE

[Site Address / Description]
[Room/Unit Reference]

Description (Plaster, Drywall, Painting, Molding)	Surface Area / Qty	Rate	Amount
[Service Item Description]			
[Service Item Description]			
[Material/Supplies Reimbursement]			

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

NOTES & PAYMENT INSTRUCTIONS

[Payment Terms e.g., Net 30]
[Bank Transfer / Check Details]

Thank you for your business. All finishing work is guaranteed for [Number] days.