

DRYWALL SERVICES

[Company Address]

[Phone Number]

[Email Address]

INVOICE

BILL TO:

[Client Name]

[Project Address]

[Client Phone]

Invoice #: [000]

Date: [Date]

Terms: [e.g., Net 30]

Description of Services (Hanging, Taping, Level 5, etc.)	Quantity	Unit Price	Total
[Service Detail Name]	[Sq Ft / Hrs]	\$0.00	\$0.00
[Service Detail Name]	[Sq Ft / Hrs]	\$0.00	\$0.00
Materials Reimbursement	-	-	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Balance Due: \$0.00

Notes: All work completed according to industry standards. Please make checks payable to [Business Name]. Thank you for your business.