

DRYWALL SERVICES

Address Line 1
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

BILL TO:

Name: _____
Address: _____
Project: _____

Description of Work (Hanging, Taping, Sanding)	Qty / SQFT	Rate	Total

Subtotal: \$0.00
Materials: \$0.00
Total Due: \$0.00

Terms & Notes:

Payment due within ___ days. Please make checks payable to: _____

Thank you for your business!