INVOICE

Company Name
Street Address
City, State, Zip
Phone | Email

Invoice #: _____
Date: _____

Bill To:

Customer Name
Address
Phone / Email

Job Location:

Site Address
Project Reference

Description of Labor / Service	Hours / Qty	Rate	Amount
Surface Prep (Sanding, Masking, Patching)			
Interior/Exterior Painting Labor			
Trim & Detail Work			
Materials Reimbursement (if applicable)			

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

Payment Terms: Net ___ Days. Please make checks payable to _____.

Thank you for your business!