

WORK ORDER / INVOICE

Business Name: _____

Phone: _____

Date: _____

Order #: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Phone: _____

JOB LOCATION (if different)

Address: _____

Instructions: _____

SCOPE OF PAINTING & REPAIR WORK

Description of Service (Room, Surface, Prep, Coats)	Labor/Price

MATERIALS & SUPPLIES

Qty	Item / Paint Brand & Color Code	Unit Price	Total

Qty	Item / Paint Brand & Color Code	Unit Price	Total

Labor Total: \$ _____

Materials Total: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Customer Signature:

Contractor Signature: