

INVOICE

FROM

Your business name _____

Address _____

Phone · email _____

BILL TO

Client name _____

Client address _____

Phone · email _____

INVOICE #	DATE	DUE DATE
_____	_____	_____
JOB ADDRESS	LICENSE #	
_____	_____	

DESCRIPTION	QTY × RATE	AMOUNT
Room / area: surfaces, coats, sq ft		
Room / area		
Prep: patch, sand, caulk, prime, wash		
Paint: brand, product, color, gallons × price		
Labor: crew × hours × rate (if not per unit)		
Change order #: area, approved date		

NOTES & PAYMENT TERMS
Net 15. Deposit credited above. Workmanship warranted for 2 years against peeling or blistering on properly prepared surfaces; touch-ups within 30 days at no charge. Colors and products listed above for future touch-up.

Subtotal

Tax

TOTAL DUE