

 ***PAINTING***

 ***INVOICE***



Write your Company and Department Name here Address Here - Phone: 000-000-000

Email: [www.abc@gmail.com](http://www.abc@gmail.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **BILL FROM** | **BILL TO**  |  | **INVOICE NO.** |
| **Company Name** | **Company Name** |  |  |
| **Client Name** | **Client Name** |  | **Issued Date:** |
| **Street Address, City, ST ZIP** | **Street Address, City, ST ZIP** |  | **Invoice Due Date:** |
| **Phone Number** | **Phone Number** |  | **Invoice #:** |
| **Company Name** | **Company Name** |  |  |
|  |
| **DESCRIPTION OF WORK** | **QUANTITY** | **PRICE ($)** | **TOTAL ($)** |
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| SUBTOTAL |  |
| SALES TAX |  |
| OTHER |  |
| TOTAL |  |
|  |
| **TERMS & CONDITIONS**PLEASE SEND PAYMENT WITHIN \_\_\_\_\_\_\_\_\_\_\_\_DAYS OF RECEIVING THIS INVOICE. THERE WILL BE A \_\_\_\_\_\_\_\_\_\_% PER \_\_\_\_\_\_\_\_\_\_ ON LATE INVOICES. |

**THANK YOU FOR YOUR BUSINESS**