***PAINTING***

 ***INVOICE***

|  |  |  |
| --- | --- | --- |
| **BILL FROM** | **BILL TO**  | **INVOICE NO.** |
| NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_CITY, ST ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_CITY, ST ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INVOICE DATE: \_\_\_\_\_\_\_\_\_\_\_DUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **DESCRIPTION OF WORK** | **QUANTITY** | **PRICE ($)** | **TOTAL ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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***