**INVOICE**

**FOR PROFESSIONAL**

**PAINTING SERVICES**

**DATE OF INVOICE**

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| **INVOICE #** |  |
| **GST #** |  |

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| **TO:** |  |  | **FROM:** |  |
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|  |  |  |  |
| **PHONE:** |  | **PHONE:** |  |
| **MOBILE:** |  | **MOBILE:** |  |
| **FAX:** |  | **FAX:** |  |

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| **QUANTITY** | **DESCRIPTION OF WORK** | **TOTAL** |
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| **SUB TOTAL** | |  |
| **PLUS GST** | |  |
| **TOTAL** | | $ |
| **PLEAE PAY WITHIN 7 DAYS OF INVOICE.** | | |