

License _____
Street, City, State ZIP
Phone
Email

Your business name

INVOICE

BILL TO **Client name**
Job address
Email
Phone

DATE:
DUE DATE: **On receipt**

DESCRIPTION	QTY	UNIT PRICE	AMOUNT
Dust containment and floor protection setup (each)			
Existing drywall demolition (per sq ft)			
R-13 fiberglass batt insulation in wall cavities (per sq ft)			
Hang 1/2 in drywall on walls (per sq ft)			
Hang 1/2 in drywall on ceilings (per sq ft)			
Hang moisture-resistant drywall in wet areas (per sq ft)			
Install metal corner bead (per linear ft)			
Level 4 three-coat joint finishing (per sq ft)			
Level 5 skim coat finish (per sq ft)			
Spray knockdown texture on walls and ceilings (per sq ft)			
Prime new drywall surfaces (per sq ft)			

Subtotal
Total

BALANCE DUE

HOW TO PAY
Zelle, Venmo, check or card: list how to pay here.

TERMS AND CONDITIONS
Payment is due within _____ days of the invoice date. Quantities are billed as installed. Please include the invoice number with your payment.