

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
Move and cover furniture per room (each)			
Patch nail holes and small dents (each)			
Repair drywall crack with tape and compound (per linear ft)			
Caulk trim and casing joints (per linear ft)			
Prime walls one coat with roller (per sq ft)			
Brush and roll walls two coats (per sq ft)			
Brush and roll ceiling two coats (per sq ft)			
Paint baseboard two coats in place (per linear ft)			
Paint door slab both sides two coats (each)			
Prime and paint cabinet door with enamel (each)			
Remove masking and detail touch-up per room (each)			

Subtotal
Total

BALANCE DUE

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

TERMS AND CONDITIONS
Payment is due on completion, after the final walkthrough. Touch-ups requested within _____ days of completion are included.
Please include the invoice number with your payment.