

Your Company Name

123 Your Street
Your City, ST 00000
(555) 010-0100
office@yourcompany.example
www.yourcompany.example
License #LIC-000000
Licensed and insured — certificate on request

INVOICE

No. **INV-1001**
Date **Sep 1, 2026**
Due **Sep 15, 2026**

BILL TO

Client Name

456 Client Street
Their City, ST 00000
(555) 010-0200
client@example.com

DESCRIPTION	QTY	UNIT	RATE	TAX	AMOUNT
LABOR					
Interior walls, two finish coats	400	sq ft	\$2.15		\$860.00
Ceilings, flat white, two coats	400	sq ft	\$1.85		\$740.00
Trim, doors and casing, brush and roll	40	ft	\$4.25		\$170.00
Interior door, both faces and edges	1	ea	\$110.00		\$110.00
MATERIALS					
Premium interior latex, eggshell	5	gal	\$68.00	T	\$340.00
Exterior acrylic, satin	5	gal	\$82.00	T	\$410.00
Stain-blocking primer	5	gal	\$55.00	T	\$275.00
Masking, drop cloths and floor protection	1	ea	\$135.00	T	\$135.00
Subtotal					\$3,040.00
Tax (8.25%)					\$95.70
Total					\$3,135.70

T = taxable line

HOW TO PAY

Check or Zelle to Your Company Name. Please reference the invoice number.

NOTES

Work completed as described on estimate EST-1001.

TERMS

Payment is due within 14 days of the invoice date. Thank you for your business.

Accepted by

Date