

PAINTING JOB INVOICE

This form complies with professional standards currently in effect

ABCForms, Inc.

License B 0000001
65 Pine Avenue Suite 310
Long Beach, CA 90802

Invoice #:
Date:
Job ID:
Job Location:

Insert your logo here

PHONE (800) 555-5151 CELL (800) 555-5151

TO:	NAME			
	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

Down Payment Progress Payment

Terms: _____

**Fields Below
Automatic
Calculate**



ARY

	<u>LABOR:</u>	_____
	<u>MATERIALS:</u>	_____
<u>ORDER #</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
	SUBTOTAL:	\$ 0.00
	<u>PAID PAYMENT:</u>	_____
	<u>BY CREDITS:</u>	_____
	GRAND TOTAL NOW DUE:	<u>\$0.00</u>

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	PROJECT ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS <i>(IF ANY)</i>		STATE/ZIP	PHONE

Down Payment Progress Payment

Terms: _____

<Type and format text here >



**Fields Below
May be
MODIFIED
As You
Chose
But No
Automatic
Calculating**

ARY

	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<u>GRAND TOTAL:</u>	_____ _____

PAINTING SERVICE INVOICE

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65 Pine Avenue Suite 310
Long Beach, CA 90802

INVOICE #:

DATE:

Insert your logo here

PHONE (800) 555-5151 CELL (800) 555-5151

TO:	NAME			
	SERVICE ADDRESS		STATE/ZIP	PHONE
	ALTERNATE ADDRESS (IF ANY)		STATE/ZIP	PHONE

Terms: Due on Receipt

**Fields Below
Automatic
Calculate**

Sample

ORDER #

	<u>LABOR:</u>	_____
	<u>MATERIALS:</u>	_____

	SUBTOTAL:	\$ 0.00
	PREVIOUS PAYMENTS:	_____
	TAX (if any): 0.00%	_____
	GRAND TOTAL:	\$ 0.00

Thank You!