

PAINTING JOB INVOICE

This form complies with professional standards currently in effect

ABCAForms, 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

ORDER #		LABOR:	_____
		MATERIALS:	_____

		SUBTOTAL:	\$ 0.00
		PAID PAYMENT:	_____
		TAX CREDITS:	_____
		GRAND TOTAL NOW DUE:	\$0.00

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

☐ Down Payment ☐ Progress Payment

erm:

<Type and format text here >

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

ARY

GRAND TOTAL:

[illegible]

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65 Pine Avenue Suite 310
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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**

ARY

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

Thank You!