



Est. in 1991

# United States Painting Corp.

Tel: (631) 368-9327

14 Udell Way, East Northport, NY 11731

Email: uspw1@yahoo.com



Lic. # 26-167740

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 CROSS ST. \_\_\_\_\_  
 START DATE \_\_\_\_\_

DATE \_\_\_\_\_  
 REF \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_  
 CELL PHONE \_\_\_\_\_  
 E-MAIL \_\_\_\_\_

## Interior Painting Invoice

<u>Rooms</u>	<u>Notes</u>	<u>Price</u>
___ Foyer	_____	_____
___ Living Room	_____	_____
___ Dining Room	_____	_____
___ Family Room	_____	_____
___ Kitchen	_____	_____
___ Laundry Room	_____	_____
___ Mudroom	_____	_____
___ Den/Office	_____	_____
___ Computer Room	_____	_____
___ Media Room	_____	_____
___ Exercise Room	_____	_____
___ Playroom	_____	_____
___ Basement	_____	_____
___ Garage	_____	_____
___ Lower Hallway	_____	_____
___ Upper Hallway	_____	_____
___ Master Bedroom	_____	_____
___ Bedroom 2	_____	_____
___ Bedroom 3	_____	_____
___ Bedroom 4	_____	_____
___ Bedroom 5	_____	_____
___ Master Bath	_____	_____
___ Bath 2	_____	_____
___ Bath 3	_____	_____
___ Bath 4	_____	_____
___ OTHER	_____	_____
<b><u>Preparation (Included)</u></b>		
___ Caulk	_____	_____
___ Fill Nail Holes	_____	_____
___ Spackle	_____	_____
___ Sand	_____	_____
___ Wallpaper Removal	_____	_____
___ OTHER	_____	_____

<u>Primer</u>	<u>Notes</u>	<u>Price</u>
___ Bare Wood	_____	_____
___ Drywall	_____	_____
___ Spot Prime	_____	_____
___ OTHER	_____	_____
<b><u>Additional Work</u></b>		
___ Carpentry	_____	_____
___ Faux Painting	_____	_____
___ Polyurethane	_____	_____
___ OTHER	_____	_____
<b><u>Areas (Included)</u></b>		
___ Front Door	_____	_____
___ Door Saddle	_____	_____
___ Skylight	_____	_____
___ Ceiling	_____	_____
___ Ceiling - Sand	_____	_____
___ Crown Molding	_____	_____
___ Walls	_____	_____
___ Windows & Frames	_____	_____
___ Doors & Frames	_____	_____
___ Closets	_____	_____
___ Chair Rail	_____	_____
___ Baseboard Heater	_____	_____
___ Floor Molding	_____	_____
___ Staircase Risers	_____	_____
___ Banister	_____	_____
___ Spindles	_____	_____
___ Wainscoting	_____	_____
___ OTHER	_____	_____

SUBTOTAL: \_\_\_\_\_  
 TAX: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

REPRESENTATIVE X \_\_\_\_\_

CUSTOMER X \_\_\_\_\_