

# INVOICE

Plumbing & Electrical Services

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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## Provider Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_

## Bill To:

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Category	Material Description	Qty	Unit Price	Total

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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Total Amount: \$ \_\_\_\_\_**

**Terms:** Payment due within \_\_\_\_ days. Please make checks payable to \_\_\_\_\_.

**Notes:** All plumbing and electrical materials are warranted for \_\_\_\_ months/years.