INVOICE

Plumbing & Drain Services

Invoice #: _____
Date: _____

SERVICE PROVIDER

Company Name:

Phone:

License #:

BILL TO

Name:

Service Address:

Phone:

Description of Work (Kitchen, Main, Toilet, etc.)	Qty/Hrs	Rate	Amount
Snaking / Auger Service			
Hydro-Jetting Service			
Camera Inspection			
Parts (Trap, Gaskets, Cleanout Cap)			

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

NOTES & FINDINGS

Customer Signature: _____