EMERGENCY PLUMBING INVOICE

[Plumbing Company Name]
[License Number]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION:
Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

URGENT REPAIR

SERVICE ADDRESS:
[ ] Same as billing
Address: _____
Arrival Time: _____

Description of Emergency Service & Materials	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee			
Labor:			
Parts:			

Subtotal: $_____
Emergency Surcharge: $_____
Tax: $_____
TOTAL DUE: $_____

Work Description & Notes:

I hereby acknowledge that the above emergency services were performed to my satisfaction.

Customer Signature: _____ Date: _____