INVOICE

Plumbing Company Name

License # / Phone

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name:

Address:

Phone:

JOB DETAILS

Location: Kitchen Sink

Technician:

Payment Terms:

Description of Service / Parts	Qty/Hrs	Rate	Amount
Repairs performed: [ ] Leak Repair [ ] Faucet Installation [ ] Disposal Replacement [ ] Drain Unclogging [ ] Supply Line Replacement			
Parts/Materials:			

Subtotal: $_____
Tax: $_____

Total Due: $_____

TERMS & WARRANTY

All work is guaranteed for _____ days from the date of completion. This warranty does not cover clogs caused by improper disposal of grease or foreign objects. Payment is due upon receipt.

Customer Signature

Technician Signature