INVOICE

[Invoice Number]

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Email]

DATE: [Date]
DUE DATE: [Due Date]
PO NUMBER: [PO #]

Description of Work	Qty/Hrs	Rate	Amount
Main Water Line Excavation & Access			
Pipe Repair/Replacement (Type: _____)			
Fittings, Couplings, and Sealants			
Pressure Testing & Backfilling			
Permit & Inspection Fees			

Subtotal: $0.00

Tax: $0.00

Total Balance Due: $0.00

NOTES & WARRANTY:

[Insert warranty terms or payment instructions here]