INVOICE

[Company Name]
[License #]
[Phone Number]

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
City/Zip: _____

SERVICE LOCATION

Same as Billing
Address: _____
Contact: _____

BACKFLOW DEVICE DETAILS

Make: _____ Model: _____ Size: _____ Serial #: _____ Type: (RP / DC / PVB) Location: _____

Description of Repair / Parts	Qty	Unit Price	Total
Initial Failed Test Fee			
Repair Kit / Parts:			
Labor Hours:			
Final Certification Test			

Description of Repair / Parts	Qty	Unit Price	Total

NOTES / TECHNICIAN COMMENTS

Subtotal:$_____
Tax:$_____

Total Due:$_____

Payment Terms: Due upon receipt. Certification reports will be submitted to the local purveyor within [X] days of successful test.