# INVOICE

Plumbing Services

**Invoice #:** _____

**Date:** _____

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**SERVICE PROVIDER**

Name: _____
Phone: _____
License #: _____

**CLIENT / PROPERTY**

Name: _____
Address: _____
City/Zip: _____

**WORK DESCRIPTION (FAUCET REPAIR)**

Location: [ ] Kitchen [ ] Bathroom [ ] Other: _____
Issue: [ ] Drip [ ] Handle Leak [ ] Base Leak [ ] Low Pressure

| Description of Materials / Labor | Qty/Hrs | Rate | Total |
|---|---|---|---|
| Service Call / Diagnostic Fee | ____ | ____ | ____ |
| Labor: Faucet Repair/Rebuild | ____ | ____ | ____ |
| Parts: (Washers, Cartridges, Seals, etc.) | ____ | ____ | ____ |

Subtotal: $ _____
Tax: $ _____

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**Total Amount: $ _____**

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**Notes:** _____

**Payment Status:** [ ] Paid [ ] Due on Receipt [ ] Net 15

Thank you for your business!