RESIDENTIAL GAS LINE REPAIR

Service Provider:
[Company Name]
[License Number]
[Phone / Email]

Invoice #:
Date:
Permit #:

Customer Information

Name:

Service Address:

City/State/Zip:

Inspection Notes

Leak Location:

Pressure Test Result:

Appliance(s) Affected:

Service & Material Details

Description of Work / Parts	Qty/Hrs	Rate	Amount
			$
			$
			$

Description of Work / Parts	Qty/Hrs	Rate	Amount
			$

Labor Subtotal: $
Materials Subtotal: $
Permit/Admin Fees: $
Sales Tax: $

TOTAL DUE: $

Customer Acknowledgement

I hereby certify that the gas line repairs have been completed and tested for leaks in accordance with local safety codes.

Signature

Payment is due upon completion of services. Thank you for your business.