INVOICE

Company Name
123 Service Road
City, State, ZIP
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
City/State: _____
Phone: _____

JOB SITE DETAILS

Access Point: _____
Pipe Type: _____
Linear Feet: _____
Technician: _____

Description of Service	Qty/Hrs	Unit Price	Total
Hydro Jetting Setup & Inspection			
Main Line High-Pressure Cleaning			
CCTV Camera Inspection (Pre/Post)			

Description of Service	Qty/Hrs	Unit Price	Total
Root Removal / Degreasing Surcharge			

NOTES / RECOMMENDATIONS

Subtotal: $ _____
Tax: $ _____

Total Amount: $ _____

Terms: Payment is due upon completion of services. Please make checks payable to Company Name.

Customer Signature: _____ Date: _____