INVOICE

Company Name: _____
Phone: _____
License #: _____

Date: _____
Invoice #: _____

Client Information:

Name: _____
Address: _____
Phone: _____

Description of Service / Parts	Qty	Unit Price	Total
Toilet Repair Labor (Hourly/Flat)	____	$ _____	$ _____
Fill Valve / Flapper Replacement	____	$ _____	$ _____
Wax Ring / Seal Replacement	____	$ _____	$ _____
Miscellaneous Parts: _____	____	$ _____	$ _____

Subtotal: $ _____

Tax: $ _____

Grand Total: $ _____

Notes / Warranty: _____

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