

# DRAINAGE SERVICE INVOICE

**Business Name:** [Your Company Name]

**Phone:** [Phone Number]

**Email:** [Email Address]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

---

## Client Information:

[Name]

[Property Address]

[Phone/Email]

## Project Location:

[Site Address or "Same as above"]

Service / Material Description	Quantity / Hrs	Rate / Unit	Total
CCTV Drain Inspection / Diagnostic			
Hydro-Jetting / Clog Removal			
Trenching & Pipe Installation (French Drain/Catch Basin)			
Parts & Materials (PVC, Gravel, Grates)			

Service / Material Description	Quantity / Hrs	Rate / Unit	Total
--------------------------------	-------------------	----------------	-------

Labor / Excavation

---

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

---

**Amount Due: \$ \_\_\_\_\_**

Notes / Warranty:

---

**Payment Terms:** Net [30] days. Please make checks payable to [Business Name].