

INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number] | [License #]

Date: _____

Invoice #: _____

Due Date: _____

BILL TO:

[Customer Name]

[Service Address]

[City, State, Zip]

[Phone/Email]

SERVICE DETAILS:

Technician: _____

Start Time: _____

End Time: _____

Description of Materials / Labor	Qty/Hrs	Rate	Amount
Service Call / Diagnostic Fee			

Description of Materials / Labor	Qty/Hrs	Rate	Amount

Work Notes:

Subtotal: \$ _____

Sales Tax: \$ _____

TOTAL: \$ _____

Terms: Payment is due upon completion of work. All electrical components carry a [00] day warranty.
Labor is guaranteed for [00] year(s).

Customer Signature: _____

Date: _____