

# LIGHTING REPAIR INVOICE

[Business Name]

[License #]

[Phone Number]

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

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

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## Client Details:

[Name]

[Address]

[Phone/Email]

## Property / Work Location:

[Address]

[Specific Area: e.g., Kitchen, Exterior]

Description of Service / Parts	Qty/Hrs	Rate	Amount
Labor: Diagnostic & Repair			
[Fixture/Part Description]			
[Fixture/Part Description]			
Misc. Supplies (Wiring, Connectors)			
Subtotal: \$0.00			
Tax: \$0.00			

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**Total Due: \$0.00**

**Notes / Warranty:**

Payment is due within [Number] days. All labor is warrantied for [Number] months. Manufacturer warranties apply to specific fixtures or bulbs installed.