GAS APPLIANCE REPAIR

Business Name / License #

Address & Phone

INVOICE #

DATE

CUSTOMER INFORMATION

Name:

Address:

Phone:

APPLIANCE DETAILS

Brand/Model:

Serial Number:

Gas Type (NG/LP):

Description of Work / Parts Used	Qty	Unit Price	Total

GAS SAFETY INSPECTION CHECKLIST

[ ] Gas Leak Test Performed
[ ] Ventilation/Flue Check
[ ] Operating Pressure Verified

[ ] Flame Supervision Device Tested

Labor:$_____
Parts Total:$_____
Tax:$_____
GRAND TOTAL:$_____

TECHNICIAN SIGNATURE
CUSTOMER ACCEPTANCE

All gas repairs performed according to local safety codes and regulations.