INVOICE

Service Company:

Phone:

EMERGENCY DISPATCH

Invoice #:

Date:

Customer Information:
Name:
Address:

Description of Emergency Issue:

Service / Part Description	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee			
Labor / Repair Time			
Parts / Materials			

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Notes / Recommendations:

Customer Signature: _____ Date: _____