POOL LEAK DETECTION

123 Service Lane
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____

Date: _____

BILL TO

Name: _____
Address: _____
Phone: _____

JOB SITE / POOL INFO

Pool Type: [ ] Concrete [ ] Vinyl [ ] Fiberglass
Water Level: _____
System Status: _____

Service Description	Qty/Hrs	Rate	Amount
Pressure Test (Lines/Plumbing)			
Electronic / Ultrasound Detection			
Dye Test (Structure/Fittings)			
Minor Patch/Repair (If applicable)			

Service Description	Qty/Hrs	Rate	Amount
Misc:			

TECHNICIAN FINDINGS & RECOMMENDATIONS

_____
___
___
_____
___

Subtotal: $ _____
Tax: $ _____
TOTAL: $ _____

Terms: Payment due upon completion. Thank you for your business.

Customer Signature: _____ Date: _____