INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Service Address]
[Phone/Email]

POOL TYPE:

[Chlorine / Salt / Vinyl / Concrete]

Description of Service / Parts	Qty/Hrs	Rate	Amount
[Service: e.g., Pump Motor Replacement]			
[Parts: e.g., Hayward Super Pump Seal Kit]			
[Chemicals/Supplies]			

Subtotal: $_____

Tax: $_____

Total: $_____

Notes / Maintenance Recommendations:

Thank you for your business!

Terms: Please make checks payable to [Company Name]. Warranty on parts as per manufacturer specifications. Labor guaranteed for [Number] days.