

INVOICE

HVAC Preventive Maintenance - Quarterly Service

Invoice #: _____

Date: _____

SERVICE PROVIDER

Company Name:

Address:

Phone:

License #:

BILL TO / SERVICE LOCATION

Customer Name:

Address:

Phone:

Unit Location:

MAINTENANCE CHECKLIST COMPLETED

Inspect & Replace Filters

Clean Condenser Coils

Inspect Evaporator Coils

Check Refrigerant Levels

Inspect Electrical Connections

Lubricate Moving Parts

Clear Condensate Drains

Test Thermostat Operation

Check Belt Tension/Wear

Inspect Heat Exchanger

Description of Service / Parts	Qty	Unit Price	Total
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Quarterly Maintenance Labor Fee			
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Description of Service / Parts	Qty	Unit Price	Total
Air Filters (Standard/HEPA)			
Other Parts/Materials:			
Notes/Findings:			
Subtotal:\$ _____			
Tax:\$ _____			
Total Due:\$ _____			

Thank you for your business. Payment is due within 30 days.

Next Scheduled Service Date: _____