# LABOR INVOICE

HVAC License #: _____

**Company Name**
Address Line 1
City, State, Zip
Phone / Email

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**BILL TO:**

Customer Name: _____
Address: _____
City/State: _____

**JOB DETAILS:**

Invoice #: _____
Date: _____
Service Location: _____

| Labor Description / Task | Hours | Rate | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**MATERIALS / PARTS USED (IF APPLICABLE)**

| Item Description | Qty | Price |
|---|---|---|
| | | |
| | | |

Labor Subtotal: $ _____

Parts Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

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**Notes / Warranty:** _____

Payment is due within _____ days. Please make checks payable to **Company Name**.

Customer Signature: _____
Technician Signature: _____