LABOR INVOICE

Plumbing License #: _____

Company Name: _____
Phone: _____
Email: _____

BILL TO:
Invoice #:
Date:
Job Location:

Description of Labor / Service Rendered	Hours	Rate	Total

Labor Subtotal: $ _____
Parts/Materials (if applicable): $ _____
Tax: $ _____
GRAND TOTAL: $ _____

WORK NOTES / WARRANTY INFO:

_____
Customer Signature

_____
Plumber Signature