

SERVICE PROVIDER NAME

123 Maintenance Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

#INV-0001
Date: [Date]
Due Date: [Date]

BILL TO:

Client Name / Building Management
Property Address
City, State, Zip

SERVICE LOCATION:

Building Name/Block
Unit/Suite Number

DESCRIPTION OF MAINTENANCE SERVICES	HOURS	RATE	AMOUNT
Preventative HVAC Maintenance - Quarterly Inspection			\$0.00
General Repairs & Handyman Services			\$0.00
Materials / Parts Replacement	1		\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00
TOTAL: \$0.00

Payment Terms: Net 30 Days. Please make checks payable to Service Provider Name.

Notes: Thank you for your business. For emergency maintenance, please call the number listed above.