

HANDYMAN SERVICES

123 Fixit Avenue
Workshop City, ST 12345
Phone: (555) 010-9988
Email: repair@example.com

INVOICE

Invoice #: _____
Date: _____

BILL TO:

JOB LOCATION:

Description of Work / Materials	Qty/Hrs	Rate	Amount

Description of Work / Materials

Qty/Hrs

Rate

Amount

Subtotal: \$ _____

Tax: \$ _____

Total Balance Due: \$ _____

Payment Terms: Due upon receipt. Please make checks payable to _____.

Note: All labor is guaranteed for 30 days from completion of service. Materials are subject to manufacturer warranty.