

INVOICE

Annual Plumbing Inspection

Company Name
123 Business Way
Phone: (555) 000-0000

BILL TO:

Name: _____

Address: _____

City/Zip: _____

DETAILS:

Invoice #: _____

Date: _____

Technician: _____

Inspection Item	Status / Notes	Cost
Main Water Line & Shut-off Valve	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	\$
Water Heater Performance & Safety	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	\$
Drainage & P-Traps Check	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	\$
Toilet & Faucet Leak Test	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	\$

Inspection Item	Status / Notes	Cost
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Sump Pump / Backflow Preventer	[] Pass [] Fail	\$
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Additional Repairs/Parts		\$
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Subtotal: _____

Tax: _____

TOTAL DUE: _____

Notes / Recommendations:

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