

INVOICE

Service Provider: _____

License #: _____

Invoice #: _____

Date: _____

Customer / Billing To:

Service Location:

Backflow Device Information

Serial #: _____

Model: _____

Size: _____

Make: _____

Type: RP / DC / PVB / SVB

Location: _____

| Description of Service / Parts | Qty | Unit Price | Total |
|---|-----|------------|-------|
| Annual Backflow Certification / Testing | | | |

| Description of Service / Parts | Qty | Unit Price | Total |
|--------------------------------|-----|------------|-------|
| Repair Labor | | | |
| Parts: _____ | | | |
| | | | |

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Technician Signature: _____

Customer Signature: _____

Thank you for your business. Payment is due upon receipt.