

SERVICE INVOICE

Commercial Plumbing Solutions
123 Industrial Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
PO #: _____

BILL TO:

SERVICE LOCATION:

Description of Service / Materials	Qty/Hrs	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Terms: Payment due within 30 days. Please make checks payable to Commercial Plumbing Solutions.

Work Performed By: _____

Thank you for your business!