

PLUMBING INVOICE

Company Name/Logo

123 Service Lane, City, State, ZIP
License: #000000 | Phone: (555) 000-0000

Invoice #: _____ Date: _____ Due Date: _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

SERVICE LOCATION

Address: _____
Job Name: _____
Tech Name: _____

LABOR & MATERIALS DESCRIPTION

Description of Service / Part	Qty	Rate/Unit	Total

NOTES / WARRANTY TERMS

Subtotal: \$ _____
Sales Tax: \$ _____

Total Amount: \$ _____

Payment Methods: Check, Credit Card, or Bank Transfer.

Customer Signature: _____ **Date:** _____

Thank you for your business! All plumbing repairs are guaranteed for [X] days/years.