

PLUMBING INVOICE

[Company Name]
[License #]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone/Email]

JOB DETAILS

Job Site: [Same as Above/Other]
Technician: [Name]
Work Order #: _____

LABOR & PROFESSIONAL SERVICES

Description of Work	Hours	Rate	Amount
[Service Detail / Troubleshooting]		\$	\$
[Installation / Repair Labor]		\$	\$
Emergency / After-Hours Premium		\$	\$

MATERIALS & PARTS

Item Description	Qty	Unit Price	Amount
[Pipe, Fittings, Valves, etc.]		\$	\$
[Fixtures / Specialized Hardware]		\$	\$
Disposal / Permit Fees		\$	\$
Labor Subtotal: \$ _____			
Materials Subtotal: \$ _____			
Tax: \$ _____			
TOTAL: \$ _____			

NOTES & WARRANTY

[Describe work completed, tests performed, and any specific warranty terms or recommendations for future maintenance here.]

Thank you for your business. Please make checks payable to **[Company Name]**.
Payment is due upon completion of work unless otherwise specified.