

# INVOICE

Maintenance Service # \_\_\_\_\_

**Business Name**

123 Plumbing Way

City, ST 12345

Phone: (555) 000-0000

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**BILL TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**Service Month:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

Description of Maintenance Tasks	Qty/Hrs	Rate	Amount
Monthly System Inspection & Leak Check			
Drain Cleaning / Snaking			

Description of Maintenance Tasks	Qty/Hrs	Rate	Amount
Water Heater Performance Flush			
Replacement Parts / Materials			
Subtotal: \$ _____			
Tax: \$ _____			
<hr/> <b>TOTAL DUE: \$ _____</b>			
<hr/> <b>Notes / Observations:</b>			
Thank you for your business!			