

PLUMBING INVOICE

Company Name: _____

License #: _____

Invoice #: _____

Date: _____

PROPERTY MANAGEMENT / OWNER

SERVICE LOCATION (BUILDING/UNIT)

Building: _____

Unit(s): _____

Attn: _____

Unit #	Description of Work (Labor & Materials)	Qty/Hrs	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

NOTES / WARRANTY TERMS

Payment is due within _____ days. Please make checks payable to _____.