

PLUMBING INVOICE

Business Name: _____

License #: _____

Phone: _____

INVOICE #: _____

DATE: _____

CLIENT INFORMATION

Name: _____

Address: _____

City/State: _____

Phone: _____

SERVICE LOCATION (IF DIFFERENT)

Address: _____

Property Type: SFH Condo Other

Description of Maintenance / Repair	Qty/Hrs	Rate	Amount

Description of Maintenance / Repair	Qty/Hrs	Rate	Amount

NOTES / RECOMMENDATIONS:

Subtotal: \$ _____

Parts/Materials: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Payment Terms: Due upon receipt unless otherwise specified.

Thank you for your business!