

INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

SERVICE LOCATION:

Description of Service	Qty/Hours	Rate	Amount
Routine Drain Cleaning / Snaking			
Main Line Hydro-Jetting			
Camera Inspection / Video Location			
Materials & Disposal Fees			

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Notes / Recommendations:

Thank you for your business!