

LEAK DETECTION INVOICE

License #: _____

Invoice #: _____

Date: _____

SERVICE PROVIDER

Company Name
123 Business Street
City, State, Zip
Phone: (555) 000-0000

CUSTOMER / BILL TO

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

JOB SITE / FINDINGS REPORT

Technician Name: _____

Location of Leak:

Slab Wall Main Line Irrigation Pool/Spa Other: _____

Detection Method:

Acoustic Thermal Tracer Gas Electronic Visual

Comments:

Description of Services / Parts	Qty/Hrs	Rate	Amount
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Leak Detection Base Diagnostic Fee			
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Description of Services / Parts

Qty/Hrs

Rate

Amount

Repair Labor

Materials & Fittings

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

TERMS & AUTHORIZATION

Payment is due upon completion of services. All detection services are based on current visible evidence and specialized equipment readings at the time of inspection.

Customer Signature: _____ Date: _____

Thank you for your business.