SERVICE INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

Invoice #: _____

Date: _____

Service Location:

[Customer Name]
[Service Address]
[City, State, Zip]

Sump Pump Service Checklist

Pit Cleaned & Debris Removed Check Valve Tested Float Switch Inspected Discharge Line Clear Backup Battery Tested

Description of Materials / Labor	Qty/Hrs	Rate	Amount

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes: _____

_____

Customer Signature