EMERGENCY PLUMBING INVOICE

[Business Name]
[License Number]
[Phone Number]
[Email Address]

Invoice #: _____
Date: _____
Emergency Dispatch Time: _____

SERVICE LOCATION

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

BILLING ADDRESS (IF DIFFERENT)

[Name/Company]
[Street Address]
[City, State, Zip]

Description of Emergency Repair / Parts Used	Qty/Hrs	Rate/Price	Amount
Emergency Call-Out Fee / Diagnostic			
Labor:			
Parts:			

Description of Emergency Repair / Parts Used	Qty/Hrs	Rate/Price	Amount

Subtotal: $_____
After-Hours/Holiday Surcharge: $_____
Sales Tax: $_____
TOTAL DUE: $_____

TECHNICIAN NOTES & WARRANTY INFORMATION

Payment is due upon completion of emergency services. All repairs include a [Number] day warranty on workmanship. Parts are subject to manufacturer warranties.

Customer Signature: _____
Date: _____