PLUMBING INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

CUSTOMER INFORMATION

[Client Name]
[Service Address]
[City, State, Zip]
[Phone/Email]

SERVICE DETAILS

Technician: _____
Work Order #: _____
Property Type: Residential

Description of Service / Materials	Qty / Hrs	Rate	Amount

Subtotal: $_____

Tax: $_____
Total Due: $_____

TERMS & NOTES

[Payment Terms e.g., Due upon receipt]. All work performed carries a [Number] day warranty on labor. Materials are subject to manufacturer warranties.

Customer Signature: _____
Date: _____