PLUMBING INVOICE

LICENSED & INSURED STATE NO: _____

Company Name
123 Main Street
City, State, Zip
(555) 000-0000

CLIENT:
Name: _____
Address: _____
Phone: _____

Invoice #: _____
Date: _____
Due Date: _____

Description of Services / Materials	Qty/Hrs	Rate	Total

Subtotal: $_____
Tax: $_____

Total Amount: $_____

Notes / Warranty Information:

All work performed according to local plumbing codes. All materials are guaranteed to be as specified. One (1) year warranty on labor unless otherwise noted.

Customer Signature: _____
Date: _____