SERVICE INVOICE

[Business Name]
[Phone Number]
[License #]

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name:

Address:

Phone:

SERVICE LOCATION (IF DIFFERENT)

Address:

Faucet Type/Brand:

Room:

WORK DESCRIPTION

Parts / Materials Description	Qty	Unit Price	Total
		Labor Hours / Service Fee	

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

CUSTOMER SIGNATURE

I acknowledge that the above services were performed to my satisfaction.

Thank you for your business! Payment is due within [X] days.