INVOICE

Plumbing License: #_____

Invoice #: _____

Date: _____

SERVICE PROVIDER

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

CLIENT / SERVICE LOCATION

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

WORK DESCRIPTION (KITCHEN REPAIR)

Description of Service / Parts	Qty/Hrs	Rate	Amount
Kitchen Sink/Faucet Repair			$
Garbage Disposal Service			$
Pipe Leak Repair / Fittings			$
Drain Cleaning/Unclogging			$

Description of Service / Parts	Qty/Hrs	Rate	Amount

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes / Warranty: _____

Payment is due within [XX] days. Please make checks payable to [Company Name].

_____
Technician Signature

_____
Customer Signature