INVOICE

Residential Leak Detection & Repair

Company Name
123 Plumbing Way
City, State, Zip
Phone: (555) 000-0000

BILL TO:

Name: _____
Address: _____
City/Zip: _____
Phone: _____

INVOICE DETAILS:

Invoice #: _____
Date: _____
Technician: _____
Service Date: _____

SERVICE DESCRIPTION / LEAK LOCATION

_____
_____
_____
_____

Description of Materials / Labor	Qty/Hrs	Unit Price	Total
Leak Detection Service Fee			

Description of Materials / Labor	Qty/Hrs	Unit Price	Total
Pipe/Fitting Materials			
Repair Labor			
Emergency / After Hours Surcharge			

Subtotal: $_____
Tax: $_____

Total Due: $_____

Terms & Conditions: Payment is due within ___ days. All repairs include a ___ day warranty on workmanship. Leak detection is based on acoustic and thermal readings at the time of service.

Customer Signature: _____ **Date:** _____