INVOICE

Service Provider: _____

License #: _____

Date: _____

Invoice #: _____

CLIENT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

SERVICE LOCATION

Property Name: _____

Specific Area (Yard, Pool, etc.): _____

Phone: _____

Description of Outdoor Repair / Materials	Qty/Hrs	Rate/Price	Total

Description of Outdoor Repair / Materials	Qty/Hrs	Rate/Price	Total

Work Notes:

(Include details on pipes, irrigation, or excavation)

Subtotal: $ _____
Sales Tax: $ _____

TOTAL DUE: $ _____

Payment Terms: _____

Warranty Info: All outdoor plumbing repairs are covered for _____ days/years.

Thank you for your business!