PLUMBING SERVICE INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [License #]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone / Email]

SERVICE TYPE:

[ ] Emergency Repair
[ ] Routine Maintenance
[ ] Installation / Upgrade

Description of Service / Materials	Qty / Hrs	Rate	Total
[Service Item/Labor Description]	____	$____	$____
[Parts/Materials Used]	____	$____	$____
[Additional Fees/Disposal]	____	$____	$____

Subtotal: $_____
Tax: $_____

Total Due: $_____

Notes / Observations:

_____

Terms: Payment is due within [X] days. Please make checks payable to [Business Name].
All work completed according to local plumbing codes. Warranty: [X] months on labor.

Technician Signature: _____ Customer Signature: _____