SEWER REPAIR INVOICE

Company Name
License #
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CLIENT INFORMATION:

Name: _____
Address: _____
City/State: _____

SERVICE LOCATION:

Address: _____
Permit #: _____

DESCRIPTION OF SERVICES & MATERIALS

Item / Labor Description	Qty/Hrs	Unit Price	Amount
Video Camera Inspection / Location			
Excavation & Trenching			
Pipe Replacement (PVC/HDPE)			
Backfill & Compaction			
Landscaping Restoration			

Item / Labor Description	Qty/Hrs	Unit Price	Amount
Misc:			

Subtotal: $_____
Permit/Admin Fees: $_____
Tax: $_____

TOTAL DUE: $_____

Notes & Warranty:

Workmanship guaranteed for ____ years. Parts covered by manufacturer warranty.

Terms: Payment due upon completion of services. Please make checks payable to _____.