SUMP PUMP REPAIR INVOICE

Invoice #:
Date:

Service Provider:
Name/Company:
Phone:
License #:
Customer Information:
Name:
Address:
Phone:

Description of Work / Parts	Qty/Hrs	Rate	Amount
Service Call / Diagnostic Fee			
Pump Replacement/Repair Labor			
Parts (Check Valve, Switch, Basin, etc.)			

Subtotal:
Tax:

Total:

Technician Notes:

Terms: Payment due upon completion of services. All repairs include a day warranty on labor.