INVOICE

Service Company Name
123 Plumber Lane
City, State, Zip
Phone: (555) 000-0000

Date: _____
Invoice #: _____

CLIENT / SERVICE ADDRESS:

Name:
Address:
Phone:

JOB DETAILS:

Technician:
Start Time:
End Time:

Description of Service / Parts	Qty	Unit Price	Total
Service Call / Diagnostic Fee			
Labor: Toilet Repair/Installation			
Part: Fill Valve / Flapper / Lever			
Part: Wax Ring / Closet Bolts			
Part: Supply Line			

Description of Service / Parts	Qty	Unit Price	Total

Subtotal:$_____
Tax:$_____

TOTAL DUE:$_____

Notes / Recommendations:

Customer Signature: _____

Payment Method: [ ] Cash [ ] Check [ ] Credit Card

Thank you for your business!