EMERGENCY PLUMBING SERVICE

123 Pipe Lane, Water City, ST 12345
Phone: (555) 000-0000
License: #PLUMB-000000

URGENT CALL-OUT

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO

Name: _____
Address: _____
City/State: _____
Phone: _____

SERVICE LOCATION

Address: _____
Technician: _____
Arrival Time: _____
Departure Time: _____

Description of Service / Materials	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee (After Hours/Weekend)			
Labor: _____			
Parts: _____			

Description of Service / Materials	Qty/Hrs	Rate	Amount

Other: _____

Subtotal:
$_____

Tax:
$_____

Total Due:
$_____

WORK AUTHORIZATION & ACCEPTANCE

I hereby acknowledge that the above work has been completed to my satisfaction. I agree to pay the total amount indicated according to the terms stated.

Customer Signature: _____ Date: _____

Terms: Payment due upon completion of emergency services. All work includes a [Number] day warranty on labor. Materials are subject to manufacturer warranties.

Thank you for choosing our emergency services.