EMERGENCY PLUMBING INVOICE

Business Name: [Company Name]
License #: [License Number]
Phone: [Phone Number]

Date: [Date]
Invoice #: [0000]
Due Date: [Upon Receipt]

Bill To:
[Customer Name]
[Service Address]
[Phone Number]

Description of Emergency Services	Qty/Hrs	Rate	Amount
Emergency Dispatch Fee	1	$	$
Labor (Emergency/After-Hours Rate)		$	$
Parts & Materials		$	$

DEPOSIT REQUIREMENT:
Due to the emergency nature of this call, a non-refundable deposit of **$[Amount]** is required before work commences. This deposit will be applied to the final balance.

Subtotal: $_____

Tax: $_____

Total: $_____

Deposit Paid: ($_____)

Balance Due: $_____

Terms: Work guaranteed for [30] days. Payment for balance is due immediately upon completion of emergency repairs.

Thank you for choosing [Company Name] for your emergency repairs.