INVOICE

TECHNICAL EMERGENCY RESPONSE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]
[License Number]

CLIENT INFORMATION

[Client Name]
[Service Address]
[Phone Number]

JOB DETAILS

Invoice #: [0000]
Date: [MM/DD/YYYY]
Arrival Time: [00:00]
Completion Time: [00:00]

TECHNICAL PROBLEM DESCRIPTION

Service / Parts Description	Qty/Hrs	Rate	Total
Emergency Dispatch & Diagnostic Fee			

Subtotal: $0.00
Emergency Surcharge: $0.00
Tax: $0.00

Grand Total: $0.00

Terms: Payment due upon completion of emergency services. All technical repairs are warranted for [X] days under normal operating conditions.

Technician Signature

Client Signature