

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

INVOICE

BILL TO:

[Customer Name]
[Billing Address]
[Phone / Email]

Invoice #: _____
Date: _____
Due Date: _____

SERVICE LOCATION:

[Property Address]
[Location of Device]

DEVICE DETAILS:

Make/Model: _____

Size: _____ Serial #: _____

Description of Service	Qty	Unit Price	Total
Annual Backflow Assembly Testing			
Repair Parts / Labor			
Filing / Permit Fees			

Subtotal:\$ _____

Tax:\$ _____

Total Amount Due:\$ _____

Test Results:

Passed
 Failed (Repairs Required)

Technician Signature:

Please make checks payable to: **[Company Name]**

Thank you for your business. Backflow prevention ensures the safety of our community's drinking water.