

INVOICE

Company:
License #:

Date:

Invoice #:

BILL TO:

Name:

Address:

Phone:

SERVICE LOCATION:

Description of Service / Parts	Qty/Hrs	Rate	Amount
Plumbing Labor (Sink/Toilet/Shower)			\$
Fixtures & Hardware			\$
Piping & Consumables			\$
Disposal/Environmental Fee			\$

Subtotal: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

Notes:

Payment due within _____ days. Thank you for your business!