INVOICE

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

Invoice #: _____
Date: _____
PO #: _____

CLIENT / BILLING:

[Client Name]
[Company Name]
[Billing Address]
[Contact Email]

SERVICE LOCATION:

[Facility Name]
[Site Address]
[Contact Person]

Job Description:
_____
Technician:
_____

Description of Materials / Services	Qty/Hrs	Rate	Total

Description of Materials / Services	Qty/Hrs	Rate	Total

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Terms: Payment is due within [X] days. Please make checks payable to [Company Name].

Work Completion: I hereby acknowledge that the above-described commercial plumbing services have been completed to satisfaction.

Authorized Signature: _____ Date: _____