

# DRAIN CLEANING SERVICE

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

## INVOICE

Date: \_\_\_/\_\_\_/\_\_\_  
Invoice #: \_\_\_\_\_

### BILL TO:

[Customer Name]  
[Service Address]  
[Phone Number]

### SERVICE TYPE:

Residential  
 Commercial

Description of Service / Equipment Used	Qty/Hrs	Rate	Amount
Main Line Snake / Hydro Jetting			\$
Sink / Toilet / Tub Augering			\$
Video Camera Inspection			\$
Parts/Materials (traps, seals, etc.)			\$

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**

**NOTES / FINDINGS:**

*Record any root intrusion, pipe damage, or maintenance recommendations here...*

---

Payment is due upon completion. Thank you for your business!

Technician Signature: \_\_\_\_\_ Customer Signature: \_\_\_\_\_