

INVOICE

URGENT REPAIR SERVICE

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

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Call-Out Time: [Time]
Terms: Due on Receipt

DESCRIPTION OF WORK:

[Brief description of leak, burst pipe, or blockage repaired]

Service / Materials	Quantity/Hrs	Rate	Amount
Emergency Call-Out Fee			\$
Labor Charge			\$
Parts/Materials			\$

Service / Materials	Quantity/Hrs	Rate	Amount

Subtotal: \$

Tax: \$

TOTAL: \$

Notes: [Warranty info or follow-up recommendations]

Payment Status: Paid Balance Due