

INVOICE

[Plumbing Company Name]

[License Number]

[Phone / Email]

Invoice #: _____

Date: _____

CLIENT:

[Name]

[Address]

[Phone]

SERVICE LOCATION:

[Address]

[Property Type]

Fixture / Service Description	Qty	Rate	Amount
Replacement of: _____	_____	\$ _____	\$ _____
Replacement of: _____	_____	\$ _____	\$ _____
Labor (Hours/Flat Rate)	_____	\$ _____	\$ _____
Disposal/Haul-away Fees	_____	\$ _____	\$ _____
Misc. Supplies (Lines, Valves, etc.)	_____	\$ _____	\$ _____
Subtotal: \$ _____			
Tax: \$ _____			
TOTAL: \$ _____			

Notes & Warranty:

Work completed includes removal of old fixtures and installation of new units according to local plumbing codes. All workmanship is warranted for [] days. Manufacturers' warranties apply to parts/fixtures provided.

Payment Due Upon Receipt