

INVOICE

Company Name: _____

License #: _____

Invoice #: _____

Date: _____

Customer Information:

Name: _____

Address: _____

Phone: _____

Unit Information:

Brand/Model: _____

HP Rating: _____

Description of Service / Parts	Qty	Unit Price	Total
Service Call / Diagnostic Fee			
Labor: Jammed Flywheel / Object Removal			
Replacement Unit: _____			
Plumbing Gaskets / Flange Kit			

Description of Service / Parts	Qty	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Work Performed / Notes:

Terms: Payment due upon completion of work.

Signature: _____