

# INVOICE

Gas Line Repair Services

INVOICE #: \_\_\_\_\_

DATE: \_\_\_\_\_

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## SERVICE PROVIDER

\_\_\_\_\_

\_\_\_\_\_

License #: \_\_\_\_\_

## BILL TO

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Description of Service / Materials	Qty/Hrs	Rate	Amount
Leak Detection / Pressure Testing			
Gas Pipe Repair/Replacement			
Fittings & Connectors			
Permits / Inspection Fees			

**Description of Service / Materials**

**Qty/Hrs**

**Rate**

**Amount**

Labor

**Subtotal \$**

**Tax \$**

**Total Due \$**

NOTES / WARRANTY INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

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

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