

KITCHEN PLUMBING INVOICE

Company Name: _____

License #: _____

Phone: _____

Invoice #: _____

Date: _____

Due Date: _____

CLIENT INFORMATION

Name: _____

Address: _____

City/Zip: _____

Phone: _____

JOB SITE (IF DIFFERENT)

Address: _____

Kitchen Location: _____

Property Type: _____

Description of Service (Sink, Faucet, Disposal, etc.)	Qty/Hrs	Rate	Amount
Parts & Materials			

Description of Service (Sink, Faucet, Disposal, etc.)	Qty/Hrs	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

TOTAL: **\$ _____**

NOTES / WARRANTY TERMS

Thank you for your business. Please make checks payable to the company name listed above.