

INVOICE

Service Company Name
123 Business Way, City, State
Phone: (555) 000-0000

Invoice #: _____
Date: _____

BILL TO:

SERVICE LOCATION:

| Description of Repair (Pipe Leak) | Qty/Hrs | Rate | Total |
|-----------------------------------|---------|------|-------|
| Labor: Leak Detection & Access | | | |
| Parts: Pipes, Fittings, Couplings | | | |
| Sealants & Consumables | | | |

| Description of Repair (Pipe Leak) | Qty/Hrs | Rate | Total |
|-----------------------------------|---------|------|-------|
|-----------------------------------|---------|------|-------|

Emergency/After-hours Fee

Subtotal: \$ _____

Tax: \$ _____

Total Amount: \$ _____

Notes: _____

Payment Terms: Due upon receipt. Please make checks payable to Company Name.

Thank you for your business!