

PLUMBING INVOICE

Company Name:

License #:

Phone:

Invoice #: _____

Date: _____

CUSTOMER INFORMATION

Name:

Address:

Phone:

JOB LOCATION (if different)

INSPECTION FINDINGS & DESCRIPTION OF WORK

Description of Service / Parts Replaced	Qty	Unit Price	Total

NOTES / RECOMMENDATIONS

Labor Total	\$
Materials Total	\$

Tax	\$
GRAND TOTAL	\$

Customer Signature: _____

Technician Signature: _____

Thank you for your business!