

PLUMBING SERVICES

123 Pipe Street, Suite 100
City, State, Zip
Phone: (555) 000-0000
License: #PLB-000000

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

Name: _____
Address: _____
Phone: _____

SERVICE LOCATION:

Same as Billing Address []
Address: _____
City/State: _____

Description of Work / Parts	Qty/Hrs	Unit Price	Total

Description of Work / Parts

Qty/Hrs

Unit Price

Total

Subtotal: \$ _____

Labor: \$ _____

Tax: \$ _____

Total: \$ _____

Notes: _____

Terms: All repairs include a 30-day warranty on labor. Parts are subject to manufacturer warranty.

Thank you for your business!