

PLUMBING SERVICE

123 Pipe Lane, Water City, ST 12345

Phone: (555) 010-9999

Email: service@plumbing.com

INVOICE

Invoice #: _____

Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

City: _____

Phone: _____

JOB DETAILS

Service Tech: _____

Start Time: _____

End Time: _____

Payment Terms: Net 30 Days

Description of Service / Materials	Qty/Hrs	Rate	Total

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Subtotal: \$ _____

Tax (____%): \$ _____

Total Due: \$ _____

WORK NOTES / RECOMMENDATIONS

I hereby acknowledge the satisfactory completion of the work described above.

Customer Signature: _____ Date: _____

Thank you for your business!