

INVOICE

[Company Name]
[Address Line 1]
[Phone Number]

INVOICE #: _____
DATE: _____

CUSTOMER INFORMATION:

Name: _____
Address: _____
City/State: _____

JOB LOCATION / TANK DETAILS:

Tank Size: _____
Tank Type: _____
Last Service: _____

Description of Repair Services	Qty/Hrs	Rate	Amount
Septic Pumping / Cleaning			
Baffle Replacement / Repair			
Filter Cleaning/Replacement			
Lid/Riser Installation			

Description of Repair Services	Qty/Hrs	Rate	Amount
Labor / Inspection Fee			

NOTES:

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Payment Terms: Due upon completion or within ____ days.

Customer Signature: _____