INVOICE

Sump Pump Maintenance & Repair

[Company Name]
[Address]
[Phone] | [Email]

BILL TO:

[Customer Name]
[Service Address]
[Phone Number]

Invoice #: _____
Date: _____
Technician: _____

SERVICE CHECKLIST

Basin Cleaned
Float Switch Tested
Check Valve Inspected
Discharge Line Cleared
Backup System Tested
Amp Draw Verified

Description of Parts / Labor	Qty	Unit Price	Total

Subtotal: $
Tax: $
Total Due: $

TECHNICIAN NOTES & RECOMMENDATIONS

Thank you for your business. Payment is due within [Number] days.