

# INVOICE

# [Invoice Number]

**[Plumbing Company Name]**  
[Street Address]  
[City, State, Zip]  
[Phone Number]

**Bill To:**

[Customer Name]  
[Customer Address]  
[Phone/Email]

**Date:** [Date]  
**Due Date:** [Date]

Description of Service/Parts	Qty	Unit Price	Total
Service Call / Diagnostic Fee	1	\$0.00	\$0.00
[e.g., Flapper Replacement / Wax Ring Repair]	-	\$0.00	\$0.00
[e.g., Labor Charges]	-	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

**Total Amount Due: \$0.00**

**Notes:** All repairs include a [Number] day warranty on labor. Please make checks payable to [Company Name].

Thank you for your business!