

# INVOICE

**Business Name:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**EMERGENCY REPAIR**

**Date:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_

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**CLIENT / SITE ADDRESS:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**EMERGENCY DISPATCH:**

**Arrival Time:** \_\_\_\_\_

**Departure Time:** \_\_\_\_\_

Description of Service / Parts Used	Qty/Hrs	Unit Price	Total
Emergency Dispatch/Call-out Fee			
Labor / Repair Work:			

Description of Service / Parts Used	Qty/Hrs	Unit Price	Total
Parts:			
Parts:			

Subtotal: \$ \_\_\_\_\_

Emergency Surcharge: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$ \_\_\_\_\_**

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**Technician Notes:** \_\_\_\_\_

**Payment Terms:** Due upon completion of emergency service.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_