

INVOICE

Water Treatment Services

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

BILL TO:

[Client Name]

[Client Address]

[Project Site Location]

Invoice #: [0000]

Date: [MM/DD/YYYY]

Due Date: [MM/DD/YYYY]

Description of Service / Equipment	Qty / Hrs	Unit Price	Total
Filtration System Installation		\$	\$
Chemical Analysis & Water Testing		\$	\$
Consumables (Resin, Membranes, Filters)		\$	\$

Description of Service / Equipment	Qty / Hrs	Unit Price	Total
Labor / Consulting Hours		\$	\$

Subtotal: \$0.00

Tax rate (0%): \$0.00

Balance Due: \$0.00

Payment Instructions:

Please make checks payable to: [Company Name]

Bank Transfer: [Bank Name] | Account: [Number] | Routing: [Number]

Thank you for your business!