

INVOICE

Company Name

123 Service Lane

City, State, Zip

Phone: (555) 000-0000

Invoice #: _____

Date: _____

Due Date: _____

Bill To:

Service Location:

Service Description	Qty/Units	Rate	Amount
Main Duct System Cleaning	_____	\$_____	\$_____
Vent/Register Sanitization	_____	\$_____	\$_____
Dryer Vent Cleaning	_____	\$_____	\$_____

Service Description	Qty/Units	Rate	Amount
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Filter Replacement	_____	\$_____	\$_____
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Subtotal: \$ _____

Tax: \$ _____

Total: \$ _____

Notes: All ductwork inspected and cleaned according to NADCA standards. Please make checks payable to Company Name.

Thank you for your business!