

# INVOICE

Business Name  
License #000000  
Phone: (555) 000-0000

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_

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## CUSTOMER / JOB SITE

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_

## EQUIPMENT DETAILS

Brand: \_\_\_\_\_  
Model (Outdoor): \_\_\_\_\_  
Number of Zones: \_\_\_\_\_

Description of Service / Equipment	Qty	Unit Price	Total
Outdoor Condenser Unit Installation			
Indoor Air Handler(s) Installation			
Refrigerant Line Set & Covers (Slimduct)			
Electrical Circuit & Disconnect Box			

Description of Service / Equipment	Qty	Unit Price	Total
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Permits & Disposal Fees

Labor (Installation & Vacuum Test)

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

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

Total Due: \$ \_\_\_\_\_

**WARRANTY & NOTES**

Workmanship Warranty: \_\_\_\_\_ Years | Manufacturer Parts Warranty: \_\_\_\_\_ Years  
 Terms: Payment due upon completion of installation.

Thank you for your business!