

INVOICE

EMERGENCY SERVICE

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

Client:

[Customer Name]
[Service Address]
[Phone Number]

Invoice #: [0000]
Date: [Date]
Technician: [Name]

| Description of Service / Parts | Qty/Hrs | Rate | Amount |
|-------------------------------------|---------|------|--------|
| Emergency Dispatch / Diagnostic Fee | | | |
| Labor (After-Hours/Emergency Rate) | | | |
| [Part Name/Model #] | | | |
| | | | |

Subtotal: \$0.00
Emergency Surcharge: \$0.00
Tax: \$0.00

Total: \$0.00

System Notes:

[Condition of unit, repairs made, and future recommendations]

Payment is due upon completion of emergency services. Thank you for your business.