

INVOICE

Geothermal Service & Maintenance

Invoice #: _____

Date: _____

Service Provider:

Business Name
Address Line 1
City, State, Zip
Phone / Email

Bill To:

Customer Name
Service Address
City, State, Zip
Account #

Service Description / Equipment Details	Qty/Hrs	Rate	Amount
Ground Loop Inspection & Pressure Test			
Heat Pump Diagnostic / Component Check			
Antifreeze/Fluid Top-off			
Filter Replacement / Desuperheater Flush			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

System Notes:

Loop Pressure: _____ PSI | Entering Water Temp: _____ F | Leaving Water Temp: _____ F

Comments: _____

Payment is due within ___ days. Thank you for your business.