

# INVOICE

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

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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## BILL TO:

[Customer Name]  
[Service Address]  
[Phone/Email]

## EQUIPMENT DETAILS:

Model: \_\_\_\_\_  
Serial: \_\_\_\_\_  
Refrigerant Type: \_\_\_\_\_

Service Description	Hours/Qty	Rate	Amount
Diagnostic Service Call			
Labor: [Description of Repair]			
Parts: [Compressor/Fan/Capacitor/etc]			
Refrigerant Recharge (lbs)			
		<b>Subtotal</b>	<b>\$ 0.00</b>

<b>Service Description</b>	<b>Hours/Qty</b>	<b>Rate</b>	<b>Amount</b>
		<b>Tax</b>	<b>\$ 0.00</b>
		<b>TOTAL BALANCE DUE</b>	<b>\$ 0.00</b>

**Notes / Recommendations:**

Thank you for your business. Please make checks payable to [Company Name].