

INVOICE

Company Name: _____

License #: _____

Phone: _____

Date: _____

Invoice #: _____

BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

JOB SITE ADDRESS:

EQUIPMENT INSTALLED:

Brand/Model: _____

Serial #: _____

AFUE Rating: _____

| Description of Work/Materials | Qty | Price | Total |
|-------------------------------|-------|---------|---------|
| Furnace Unit Installation | _____ | \$_____ | \$_____ |

| Description of Work/Materials | Qty | Price | Total |
|--------------------------------|-------|---------|----------------------------------|
| Ductwork/Venting Modifications | _____ | \$_____ | \$_____ |
| Thermostat & Electrical | _____ | \$_____ | \$_____ |
| Old Unit Disposal Fee | _____ | \$_____ | \$_____ |
| Labor Hours | _____ | \$_____ | \$_____ |
| | | | Subtotal: \$_____ |
| | | | Tax: \$_____ |
| | | | TOTAL AMOUNT DUE: \$_____ |

Notes / Warranty Information:

 Technician Signature

 Customer Signature