PROPANE SERVICE

123 Energy Way
City, State, Zip
Phone: (555) 000-0000

INVOICE

Date: _____
Invoice #: _____

BILL TO:

_____
_____
_____

SERVICE LOCATION:

_____
_____
Tank ID: _____

Description of Equipment / Service	Qty/Hrs	Rate	Amount

SAFETY INSPECTION CHECKLIST:
[ ] Leak Test Performed [ ] Regulator PSI Check [ ] Tank Connection Secure [ ] Pilot Lights Verified

Subtotal: $_____
Tax: $_____
TOTAL: $_____

Technician Signature: _____ **Customer Signature:** _____

Payment due upon receipt. Thank you for your business.