PROPANE SERVICE INVOICE

Company Name
Phone: (555) 000-0000
Email: service@propane.com

Invoice #: _____
Date: _____
Tech ID: _____

BILL TO:
SERVICE LOCATION:

SAFETY CHECKLIST:
[ ] Leak Test Performed
[ ] Pressure Regulated
[ ] Pilot Relit
[ ] Tank Level: _____%
[ ] Appliance Inspected
[ ] System Tagged

Description of Service / Parts	Qty	Price	Total
Service Call Base Fee			
Labor Hours:			

Technician Notes:

Subtotal: $_____

Tax:	$_____
TOTAL:	**$_____**

Customer Signature

Technician Signature