

INVOICE

[Plumbing Company Name]
[Address]
[Phone Number]
[License #]

Invoice #: _____
Date: _____

Bill To:

[Customer Name]
[Installation Address]
[City, State, Zip]

Fixture / Description of Work	Qty	Unit Price	Total
[e.g., Dual Flush Toilet Installation]	_____	\$_____	\$_____
[e.g., Vanity Faucet - Chrome]	_____	\$_____	\$_____
[e.g., Shower Head & Valve Kit]	_____	\$_____	\$_____
Labor / Hourly Rate	_____	\$_____	\$_____
Miscellaneous Parts (Pipes, Sealant, etc.)	1	\$_____	\$_____

Subtotal: \$ _____

Tax: \$ _____

Grand Total: \$ _____

Notes / Warranty: All installation work is guaranteed for [Number] days. Fixture warranties are provided by the manufacturer.

Payment is due within [Number] days. Please make checks payable to: [Company Name]