

CERTIFIED PLUMBING SPECIALIST

License #: _____

123 Pipe Lane, Suite 100
City, State, Zip
(555) 012-3456
service@plumbingspecialist.com

BILL TO:

INVOICE DETAILS:

Invoice #: _____

Date: _____

Due Date: _____

Description of Service / Materials	Qty/Hrs	Rate	Amount

Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

Notes: All work is guaranteed for 90 days. Payment is due upon receipt unless otherwise specified.

Signature: _____