

# INVOICE

[Plumbing Company Name]  
[License Number]  
[Street Address]  
[Phone / Email]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_  
**Project ID:** \_\_\_\_\_

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## BILL TO

[Client Name / Company]  
[Department / Attention]  
[Billing Address]  
[Tax ID / PO Number]

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## PROJECT SITE

[Facility Name]  
[Site Address]  
[On-site Contact Name]  
[Permit #]

Description of Materials / Industrial Services	Qty/Hrs	Unit Price	Total
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[Service/Part: e.g., High-Pressure Fitting Replacement]

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[Service/Part: e.g., Certified Pipe Welding - Hours]

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Description of Materials / Industrial Services	Qty/Hrs	Unit Price	Total
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[Service/Part: e.g., Backflow Prevention Testing]

[Service/Part]

Subtotal: \$ \_\_\_\_\_

Tax (%): \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

**Payment Terms:** Net [30] Days. Please include Invoice # on all remittances.

**Notes:** All industrial installations comply with [ASME/Local] codes. Work inspected and verified by [Inspector Name/ID].