PLUMBING INVOICE

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [License #]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Customer Name]
[Customer Address]
[Phone/Email]
SERVICE LOCATION:
[Address if different]
[Type of Work: Residential/Commercial]

Description of Service / Materials	Qty/Hrs	Rate	Amount

Labor Subtotal: $_____
Parts & Materials: $_____
Tax: $_____
TOTAL DUE: $_____

Notes / Warranty Information:

Thank you for your business. Please make checks payable to: [Business Name]