

PLUMBING INVOICE

Company Name
Street Address
City, State, Zip
Phone / Email

Bill To:
Customer Name
Service Address
City, State, Zip

Invoice #: _____
Date: _____
Due Date: _____

Labor Description	Hours	Rate	Total

Materials & Parts	Qty	Unit Price	Total

Subtotal: \$

Tax: \$

TOTAL: \$

Notes / Terms:

All work completed in a workmanlike manner according to standard practices. Any alteration or deviation from specifications involving extra costs will be executed only upon written orders.