

INVOICE

Service: Routine Plumbing Checkup

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

BILLED TO:

[Client Name]

[Client Address]

[Client Phone]

Invoice #: _____

Date: _____

Due Date: _____

Description of Inspection/Service	Qty/Hrs	Rate	Amount
Standard Routine Maintenance Fee			
Leak Detection & Pipe Inspection			
Drain Cleaning / Snaking			
Parts/Materials (if applicable)			

Subtotal:\$0.00

Tax:\$0.00

Total:\$0.00

Notes:

All plumbing systems inspected were found to be in [Working Order / Need Repair]. Thank you for your business!

Payment Terms: Payable upon receipt via Cash, Check, or Credit Card.