

INVOICE

EMERGENCY SERVICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

BILL TO:

[Customer Name]
[Service Address]
[City, State, Zip]
[Phone]

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

Response Time: [Time Received/Arrival]

Description of Emergency Repair	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee / Dispatch			
Temporary Tarping / Mitigation			
Labor: Repair Description [Lines]			
Materials: [Items Used]			

Subtotal: \$0.00

Tax: \$0.00

Total: \$0.00

Notes / Photos: [Attach proof of damage/repair]

Terms: Payment is due upon completion of emergency stabilization. All emergency work is guaranteed for [X] days until permanent repairs are scheduled.