HVAC INSTALLATION INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Phone Number]
[License #]

Invoice #: _____

Date: _____

Due Date: _____

CUSTOMER INFORMATION

Name: _____

Address: _____

Contact: _____

JOB SITE DETAILS

Permit #: _____

System Type: _____

Warranty Period: _____

Equipment / Material Description	Model / Serial #	Qty	Unit Price	Total
[Indoor Unit/Furnace]	_____	___	$_____	$_____
[Outdoor Unit/Condenser]	_____	___	$_____	$_____

Equipment / Material Description	Model / Serial #	Qty	Unit Price	Total
[Thermostat/Controls]	_____	___	$_____	$_____
Miscellaneous Supplies (Ducting, Copper, etc.)	-	-	$_____	$_____

Labor & Installation Services	Hours	Rate	Total
Installation Labor & Commissioning	___	$_____	$_____
Removal & Disposal of Old Equipment	-	-	$_____

Subtotal: $_____
Sales Tax: $_____
Rebates/Discounts: ($_____)
Grand Total: $_____

NOTES & TERMS

1. Manufacturer warranties are subject to registration by the homeowner.

2. Payment is due within [X] days. Late fees of [X]% may apply.

3. Installation includes testing of all components to manufacturer specifications.