

# [Company Name]

Plumbing & Electrical Services  
[Street Address], [City, State, Zip]  
Phone: (000) 000-0000 | Email: [Email Address]  
License #: [License Number]

## INVOICE

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

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### BILL TO:

[Client Name]  
[Client Address]  
[Client Phone]

### SERVICE LOCATION:

[Location Name/Address]  
[Contact Name]

Description of Service / Materials	Quantity	Rate/Unit	Amount

Description of Service / Materials	Quantity	Rate/Unit	Amount

Subtotal: \$0.00

Tax: \$0.00

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**Total Due: \$0.00**

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**Notes / Payment Instructions:**

Please make checks payable to: [Company Name]

All work performed in accordance with local plumbing and electrical codes.

Thank you for your business!