PIANO TUNING SERVICE

Professional Care & Maintenance

INVOICE

Date: _____

No: #_____

PROVIDER

Name: _____
Phone: _____
Email: _____

CLIENT / LOCATION

Name: _____
Address: _____
Piano Make/Model: _____

Service Description	Qty/Hrs	Amount
Standard Fine Tuning		
Pitch Raise / Double Tuning		
Action Regulation / Repairs		
Cleaning / Voicing		
Travel Fee / Parts		

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes: _____

Payment due upon completion. Thank you for your business.