WOODWIND SERVICES

123 Reed Lane, Music City
Tel: (555) 012-3456

INVOICE

Date: _____
Invoice #: _____

CLIENT INFORMATION

Name: _____
Phone: _____
Email: _____

INSTRUMENT DETAILS

Make/Model: _____
Serial Number: _____
Type (Flute/Oboe/Clar/Sax/Bn): ____

Description of Service / Parts	Qty	Rate	Total

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Labor Subtotal: $ _____
Parts & Materials: $ _____
Tax: $ _____
TOTAL DUE: $ _____

TECHNICIAN NOTES

All repairs guaranteed for 90 days. Thank you for your patronage.