EMERGENCY REPAIR INVOICE

Invoice #: _____
Date: _____

CONTRACTOR / VENDOR

Name:

Phone:

License #:

PROPERTY MANAGEMENT INFO

Property Name:

Unit/Suite:

Manager Name:

EMERGENCY DESCRIPTION & ACTION TAKEN

Description of Labor / Materials	Qty/Hrs	Rate	Amount

Subtotal: $ _____
Emergency/After-Hours Fee: $ _____
Tax: $ _____
TOTAL DUE: $ _____

AUTHORIZED SIGNATURE
DATE SIGNED

Standard payment terms apply. Please include invoice number on all remittances.