PLUMBING INVOICE

Company Name
123 Business Road
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

SERVICE LOCATION:

_____
_____

Description of Labor / Services	Hours	Rate	Amount

Parts / Materials	Qty	Unit Price	Amount

Parts / Materials	Qty	Unit Price	Amount

Labor Total: $ _____
Materials Total: $ _____
Tax: $ _____

TOTAL DUE: $ _____

NOTES / WARRANTY INFO:

Thank you for your business! Please make checks payable to Company Name.