

PLUMBING WORK ORDER

[Company Name]

[Phone / Email]

Invoice #
Date

Customer Name
Service Address

Description of Problem / Work Requested

Materials / Parts Description	Qty	Unit Price	Total
Labor / Service Description	Hours	Rate	Total

Material Total:\$ _____

Labor Total:\$ _____

Tax:\$ _____

GRAND TOTAL:\$ _____

Technician Signature
Customer Approval Signature

All work completed to satisfaction. Payment due upon receipt unless otherwise specified.