INVOICE

Service Company Name
123 HVAC Lane
City, State, Zip
Phone: (555) 000-0000

Date: _____
Invoice #: _____
Technician: _____

BILL TO:

_____
_____
_____

UNIT DETAILS:

Brand/Model: _____
Serial No: _____
Filter Size: _____

Maintenance Checklist

Inspect Thermostat
Check Refrigerant Levels
Clean Condenser Coils
Inspect Evaporator Coil
Clean Condensate Drain
Check Electrical Connections
Replace Air Filter
Lubricate Moving Parts

Description of Service / Parts	Qty	Price	Total

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Subtotal $_____

Tax $_____

Total Amount Due $_____

Notes / Recommendations:

Thank you for your business! Payment is due upon receipt.