# HVAC SERVICE INVOICE

Company Name:
Address:
Phone:
License #:

**Invoice #:** _____
**Date:** _____
**Technician:** _____

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**Customer Information:**

Name:
Address:
City/State/Zip:
Phone:

**Equipment Details:**

Unit Type:
Brand/Model:
Serial #:
Filter Size:

## System Checkup Checklist

| |
|---|
| Thermostat Calibrated |
| Air Filter Clean/Replaced |
| Blower Components Cleaned |
| Condenser Coil Cleaned |
| Evaporator Coil Inspected |
| Condensate Drain Cleared |
| Refrigerant Level Checked |
| Electrical Connections Tightened |
| Voltage/Amperage Tested |
| Lubricated Moving Parts |
| Gas Piping/Valves Inspected |
| Safety Controls Tested |

## Service Description & Parts

| Description of Work / Parts Used | Qty | Unit Price | Total |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Technician Notes:**

| | |
|---|---|
| Labor Total | $ |
| Parts Total | $ |
| Tax | $ |
| **Grand Total** | **$** |

Customer Signature

Date

Thank you for your business. Please make checks payable to the Company Name listed above.