INVOICE

EMERGENCY SERVICE

Company Name
Street Address
City, State, Zip
Phone / License #

BILL TO:
Name:
Address:
Phone:

Invoice #: _____
Date: _____
Service Time: _____

Description of Work / Parts	Qty	Rate	Amount
Emergency Dispatch / Diagnostic Fee			
Labor (Emergency/After-Hours Rate)			
Subtotal			
Tax			
TOTAL			**$**

Technician Notes / Unit Condition:

Terms: Payment due upon completion of emergency service. 30-day warranty on labor.

Customer Signature: _____ Technician: _____