INVOICE

Business Name: _____

Phone: _____

License #: _____

Date: _____

Invoice #: _____

CLIENT INFORMATION:
Name: _____
Address: _____
City/Zip: _____
EQUIPMENT DETAILS:
Brand/Model: _____
Serial Number: _____
Location: _____

MAINTENANCE CHECKLIST

Clean/Replace Air Filters
Inspect/Clean Condenser Coils
Inspect/Clean Evaporator Coils
Check Refrigerant Levels
Inspect Electrical Connections
Check Blower Wheel/Motor
Flush Condensate Drain Lines
Test Thermostat Calibration
Lubricate Moving Parts
Verify Reversing Valve Operation

Description of Services / Parts Provided	Amount

Subtotal: $_____

Tax: $_____

TOTAL DUE: $_____

Technician Notes:

_____

_____

_____

Technician Signature: _____

Customer Signature: _____