HVAC MAINTENANCE INVOICE

Company Name:
Address:
Phone:
License #:

Invoice #: _____
Date: _____
Due Date: _____

CUSTOMER:

Name:
Address:
Phone:

SERVICE LOCATION:

Address:
System Type:
Model/Serial:

MAINTENANCE CHECKLIST:
[ ] Filter Replaced
[ ] Coils Cleaned
[ ] Drain Line Flushed
[ ] Refrigerant Level
[ ] Thermostat Calibrated
[ ] Electrical Connections
[ ] Blower Motor Inspected
[ ] Heat Exchanger Check
[ ] Safety Controls Test

Description of Service / Parts	Qty	Unit Price	Total

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Subtotal: $ _____
Tax: $ _____
Labor: $ _____

TOTAL DUE: $ _____

Notes/Recommendations:

_____

Technician Signature: _____

Customer Signature: _____