INVOICE

Company Name: _____

Phone: _____

License #: _____

Invoice #: _____

Date: _____

BILL TO:
SERVICE LOCATION:

EQUIPMENT DETAILS:

Unit Type (AC/Furnace/HP)	Brand/Model	Serial Number	Filter Size

LABOR & SERVICES:

Description of Work	Hours	Rate	Amount

PARTS & MATERIALS:

Qty	Part Name / Description	Unit Price	Total

Labor Subtotal:$_____
Parts Subtotal:$_____

Tax:$_____

TOTAL DUE:$_____

Notes/Recommendations:

_____
Technician Signature

_____
Customer Signature