# INVOICE

**[Company Name]**
[Address]
[Phone]
[License #]

Date: _____
Invoice #: _____
Contract #: _____

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**CUSTOMER / BILLING**

[Name]
[Address]
[Phone]

**SERVICE LOCATION**

[Name]
[Address]
[Contact Name]

**EQUIPMENT COVERED**

| Unit Type (AC/Furnace) | Brand/Model | Serial Number | Location |
|---|---|---|---|
| | | | |
| | | | |

**MAINTENANCE CHECKLIST COMPLETED**

[ ] Inspect Filters
[ ] Check Refrigerant Levels
[ ] Clean Condenser Coils
[ ] Inspect Electrical Wiring
[ ] Test Thermostat Ops
[ ] Flush Condensate Drain
[ ] Check Blower Motor
[ ] Inspect Heat Exchanger
[ ] Lubricate Moving Parts

**BILLING SUMMARY**

| Description of Service / Agreement Tier | Amount |
|---|---|
| Preventive Maintenance Agreement - [ ] Annual [ ] Semi-Annual | |
| Parts/Materials (Outside of Agreement) | |
| Labor (Additional) | |
| **Subtotal** | |
| **Tax** | |
| **TOTAL DUE** | **$** |

**NOTES / RECOMMENDATIONS**

Technician Signature:
Customer Signature:

Thank you for your business!