[COMPANY NAME]
INDUSTRIAL HVAC SOLUTIONS

INVOICE NUMBER
#000000

DATE
[Date]

CLIENT INFORMATION
[Client Name]
[Facility Address]
[City, State, Zip]
[Contact Phone]

SERVICE LOCATION
[Site Name / Plant Number]
[Specific Unit Location]
[Purchase Order #]

EQUIPMENT DETAILS

Make/Model: _____
Serial #: _____
System Type: [Chiller / AHU / Cooling Tower]

Description of Service / Parts	Qty	Unit Price	Total
[Preventative Maintenance / Emergency Repair]			
[Filter Replacement / Refrigerant Charge]			
[Labor Hours - Specialized Technician]			

Subtotal $0.00

Tax Rate (____%) $0.00
TOTAL AMOUNT DUE $0.00

TECHNICIAN FINDINGS / NOTES

Payment Terms: Net 30. Please make checks payable to [Company Name].

License Number: [HVAC-LIC-000000] | Certification: [EPA-608 Universal]