INVOICE

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

Invoice #: _____
Date: _____
Technician: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

EQUIPMENT DETAILS

Unit Type: _____
Brand/Model: _____
Serial #: _____

MAINTENANCE CHECKLIST

[ ] Filter Replaced
[ ] Coils Cleaned
[ ] Drain Line Flushed
[ ] Refrigerant Levels Checked
[ ] Electrical Connections Tightened
[ ] Thermostat Calibrated

Description of Service / Parts	Qty	Unit Price	Total

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NOTES & RECOMMENDATIONS

Subtotal: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Customer Signature: _____ Date: _____