INVOICE

Service Company Name
123 Business Way, City, State
Phone: (555) 000-0000

Invoice #: _____
Date: _____
PO #: _____

CLIENT / BILLING:

_____
_____
_____

SERVICE LOCATION:

_____
_____
_____

ROOFTOP UNIT (RTU) IDENTIFICATION

Unit ID/Tag: _____
Manufacturer: _____
Model #: _____
Serial #: _____
Filter Size: _____
Belt Size: _____

Maintenance Task / Description of Service	Status	Amount
Filter Replacement & Coil Inspection/Cleaning	[ ] Pass [ ] Fail	
Belt Tension Adjustment & Pulley Inspection	[ ] Pass [ ] Fail	
Electrical Connections & Contactor Inspection	[ ] Pass [ ] Fail	

Maintenance Task / Description of Service	Status	Amount
Refrigerant Charge & Compressor Check	[ ] Pass [ ] Fail	
Additional Repairs / Parts: _____		
Notes:		

Labor: $ _____
Parts/Materials: $ _____
Tax: $ _____

TOTAL DUE: $ _____

Technician Signature

Client Acceptance Signature