BACKFLOW SERVICE CO.

123 Utility Way, City, State, ZIP
Phone: (555) 000-0000
License: #00000000

INVOICE

Date: _____
Invoice #: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
City/ZIP: _____

SERVICE LOCATION (IF DIFFERENT)

Address: _____
Contact: _____
Phone: _____

DEVICE INFORMATION

Make/Model: _____
Serial #: _____
Size: _____
Type: â–¡ RP â–¡ DC â–¡ PVB
Location: _____
Test Result: â–¡ PASS â–¡ FAIL

Description of Service / Parts	Qty	Unit Price	Total
Annual Certification Test			
Re-test Fee			

Description of Service / Parts	Qty	Unit Price	Total
Repair Parts:			
Labor:			
Municipal Filing Fee			

TECHNICIAN NOTES

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Terms: Payment due upon receipt. All testing performed in accordance with local plumbing codes and water authority requirements.

Thank you for your business!