INVOICE

Company Name:
Address:
Phone:

Date: _____
Invoice #: _____

CLIENT:

Name:
Address:
Phone:

SERVICE LOCATION:

Bathroom/Unit:
Faucet Model (if known):

Description of Service / Parts	Qty	Rate	Total
Labor: Diagnostic & Repair			
Part: Replacement Cartridge/Valve			
Part: Aerator/O-Rings/Supply Lines			

Subtotal:$_____
Tax:$_____
Grand Total:$_____

Notes / Warranty Information:

Customer Signature: _____
Date: _____