INVOICE

PRIORITY:

BURST LINE EMERGENCY

INVOICE #

DATE

SERVICE PROVIDER / CONTRACTOR

CLIENT / PROPERTY LOCATION

INCIDENT / BURST LOCATION DETAILS

Description of Emergency Repairs	Qty/Hrs	Unit Price	Total
Emergency Dispatch Fee			

Subtotal $ _____

Tax $ _____

TOTAL DUE $ _____

TERMS & NOTES

Immediate payment required for emergency services. All burst line repairs are warrantied for [ ] days from date of service. System must be inspected by a certified technician before full pressure is restored.

Technician Signature

Customer Signature of Completion