# GAS LEAK DETECTION

Company Name
123 Safety Way
City, State, Zip

## INVOICE

# [Invoice Number]
Date: [Date]

**Customer:**

[Customer Name]
[Service Address]
[Phone/Email]

**Technician Details:**

Tech ID: [ID Number]
License: [License #]
Detection Method: [Tools Used]

| Description of Service | Hours/Qty | Rate | Amount |
|---|---|---|---|
| Emergency Gas Leak Inspection | | | |
| Electronic Sniffer/Acoustic Testing | | | |
| Pipe Repair/Part Replacement: [Part] | | | |
| Safety Certification & Pressure Test | | | |

Subtotal: $0.00

Tax: $0.00

**Total: $0.00**

**Safety Inspection Notes:**

[Notes regarding leak location, severity, and repair outcome]

**Notice:** All gas repairs are performed in accordance with local safety codes. If you smell gas after the technician departs, evacuate immediately and contact emergency services.

Payment due within [X] days. Thank you for your business.