

[Business Name]
[Street Address]
[City, State, Zip]
[Phone Number]

DATE _____

[Name]
[Service Address]
[City, State, Zip]
[Phone]

Technician: _____
Service Date: _____
PO Number: _____

Description of Maintenance / Repair	Qty/Hrs	Rate	Amount

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			Subtotal: \$ _____
			Tax: \$ _____
			Total Due: \$ _____

Notes: [e.g., Pipe inspection completed, no leaks found at joints.]

Payment Terms: Due within [X] days. Please make checks payable to [Business Name].