SERVICE INVOICE

Septic System Maintenance & Repair

Company Name
Street Address
City, State, Zip
Phone: (555) 000-0000

BILL TO:
Name: _____
Address: _____
City/Zip: _____
Phone: _____

Date: _____
Invoice #: _____
Job Location: _____
Technician: _____

SERVICES PERFORMED:
Tank Pumping
Visual Inspection
Filter Cleaning
Inlet/Outlet Check
Baffle Repair
Riser Installation
Locating/Digging
Pump Replacement
Other: _____

Description of Materials / Labor	Qty/Hrs	Price	Total

Subtotal: $ _____

Tax: $ _____

Total Due: $ _____

System Observations / Recommendations:

_____

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_____

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Thank you for your business. Payment is due within _____ days.