INVOICE

[Plumbing Company Name]
[Address Line 1]
[Phone Number]

Date: _____
Invoice #: _____

BILL TO:
[Customer Name]
[Service Address]
[Phone/Email]

Description of Service/Materials	Qty/Hrs	Rate	Total
Toilet removal and resetting labor			
Old flange removal & subfloor inspection			
New Toilet Flange (PVC/Cast Iron/Brass)			
Wax Ring and Closet Bolts replacement			
Miscellaneous (Primer, Cement, Shims, Caulk)			

Subtotal: $_____

Tax: $_____

Grand Total: $_____

Notes: _____

Terms: Payment due upon completion. Thank you for your business.