

# INVOICE

[Company Name]

[Street Address]

[City, State, Zip]

[Phone Number]

Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

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## BILL TO:

[Customer Name]

[Customer Address]

[City, State, Zip]

[Phone/Email]

## SERVICE LOCATION:

[Property Address or Same as Billing]

System Type: \_\_\_\_\_

Number of Zones: \_\_\_\_\_

| Description of Parts/Materials | Qty | Unit Price | Total |
|--------------------------------|-----|------------|-------|
| Sprinkler Heads (Rotor/Spray)  |     |            |       |
| Nozzles / Risers               |     |            |       |
| PVC Pipe / Fittings            |     |            |       |

| Description of Parts/Materials | Qty | Unit Price | Total |
|--------------------------------|-----|------------|-------|
|--------------------------------|-----|------------|-------|

Valves / Solenoids

Timer / Controller Cabinet

| Labor & Service Description | Hours | Rate | Total |
|-----------------------------|-------|------|-------|
|-----------------------------|-------|------|-------|

Diagnostic / Service Call Fee

System Repair Labor

Zone Adjustment / Head Cleaning

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

**Total Due: \$** \_\_\_\_\_

**Notes / Recommendations:**

Payment is due within [Number] days. Thank you for your business!

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_