INVOICE

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

EMERGENCY SERVICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:
[Client Name]
[Service Address]
[Phone Number]

Description of Service	Qty/Hrs	Rate	Amount
Emergency Call-Out Fee			
Labor: [Description]			
Materials: [Description]			

Subtotal: $_____
Tax: $_____

Total: $_____

Notes: [Work performed details / Warranty information]

Payment Terms: Payment due upon receipt of invoice for emergency services.