REPAIR SERVICE INVOICE

Service Company Name
123 Appliance Way
City, State, Zip
Phone: (555) 000-0000

Invoice #: _____
Date: _____

CUSTOMER INFORMATION

Name: _____
Address: _____
Phone: _____

APPLIANCE DETAILS

Brand/Model: _____
Serial Number: _____
Type: [ ] Countertop [ ] Over-Range

Description of Service / Parts	Qty	Unit Price	Total
Diagnostic Fee	1	$	$
Labor / Repair Time		$	$
Magnetron / Capacitor / Parts:		$	$

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

TECHNICIAN NOTES & WARRANTY

Symptoms Reported:

Work Performed:

Terms: Payment is due upon completion of service.
Warranty: All parts and labor are warrantied for _____ days from the date of service.

Customer Signature: _____ Technician: _____