INVOICE

TV Repair Specialist

Date: _____

Invoice #: _____

CUSTOMER INFORMATION

Name:

Address:

Phone:

DEVICE DETAILS

Brand/Model:

Serial Number:

Issue Reported:

Description of Service / Parts	Qty	Unit Price	Total

Subtotal:$_____
Labor:$_____
Tax:$_____

Total Amount Due:$_____

Notes / Warranty: _____

Payment is due upon completion of services. Parts are subject to manufacturer warranty.

Customer Signature: _____ Technician Signature: _____