

# DISHWASHER SERVICE INVOICE

Company Name:

Address:

Phone:

License #:

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

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

**CUSTOMER INFORMATION**Name:

Address:

Phone:

**APPLIANCE DETAILS**Brand/Model:

Serial Number:

Issue Reported:

Description of Work / Parts	Qty	Unit Price	Total
Labor / Diagnostic Fee			

Description of Work / Parts	Qty	Unit Price	Total

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

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

TOTAL DUE:\$ \_\_\_\_\_

**NOTES & RECOMMENDATIONS:**

**TECHNICIAN SIGNATURE**  
**CUSTOMER ACCEPTANCE**

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Terms: Payment is due upon completion of service. Parts carry a 90-day warranty unless otherwise stated.