

SERVICE INVOICE

Kitchen Tech Repairs
123 Service Lane
City, ST 12345

Date: _____
Invoice #: _____

Customer Information:

Name: _____
Address: _____
Phone: _____

Appliance Details:

Type (Fridge/Oven/etc): _____ Brand/Model: _____
Serial Number: _____ Issue Reported: _____

Description of Service / Parts	Qty	Unit Price	Amount
Service Call / Diagnostic Fee	_____	\$ _____	\$ _____
Labor Hours	_____	\$ _____	\$ _____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes/Warranty: All labor includes a 30-day warranty. Parts are subject to manufacturer warranty.

Customer Signature: _____ Date: _____