

# INVOICE

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

**[Company Name]**

[Phone Number]

[Email Address]

---

## CUSTOMER INFO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## APPLIANCE INFO:

Brand/Model: \_\_\_\_\_

Serial No: \_\_\_\_\_

Type:  Countertop  Over-Range

Description of Service / Parts	Qty	Unit Price	Total
Service Call / Diagnostic Fee			
Labor Cost			
Magnetron / Capacitor / Fuse			
Misc. Parts: _____			

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

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

---

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

---

**Work Notes:** \_\_\_\_\_

**Warranty:** [  ] 30 Days [  ] 90 Days [  ] None

Thank you for your business!