

# MAINTENANCE INVOICE

Service Provider: \_\_\_\_\_

License #: \_\_\_\_\_

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

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

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

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## CUSTOMER INFORMATION

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

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

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

## APPLIANCE DETAILS

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

Serial Number: \_\_\_\_\_

Type:  Front Load  Top Load

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

Service / Parts Description	Qty/Hrs	Rate	Amount
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Service Call / Diagnostic Fee

Labor: \_\_\_\_\_

Part: \_\_\_\_\_

Service / Parts Description	Qty/Hrs	Rate	Amount
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Part: \_\_\_\_\_

Filter Cleaning / System Flush

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

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

Total Due: \$ \_\_\_\_\_

**MAINTENANCE NOTES / OBSERVATIONS**

Terms: Payment due upon completion. Warranty on parts: \_\_\_\_\_ days. Warranty on labor: \_\_\_\_\_ days.

Customer Signature: \_\_\_\_\_ Technician Signature: \_\_\_\_\_