SERVICE INVOICE

[Business Name]
[Address] · [City, State ZIP]
[Phone] · [Email]
License # [Number]

Invoice # _____

Date _____

Job / work order # _____

Service date _____

Technician _____

Customer

Name _____

Phone _____

Email _____

Service location

Address _____

City, State ZIP _____

Access notes _____

Description of work performed

_____

_____

Labor

Labor description	Hours	Rate	Amount
Total labor			

Materials and parts

Part / material	Qty	Unit price	Amount
Total materials			

Payment due [upon completion / within 15 days]. We accept [cash, check, card]. Warranty: [90 days] on labor; parts per manufacturer warranty.

Labor _____

Materials _____

Tax rate (materials) _____

Sales tax _____

Trip / service fee _____

Total due

Customer approval

Name: _____ Date: _____