

Business name

Address

Email · Phone

BILL TO

Client name

Address

Invoice

Invoice no.

Date

Due date

Terms

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| DESCRIPTION                              | QTY | RATE | AMOUNT |
|------------------------------------------|-----|------|--------|
| Service call and diagnosis               |     |      |        |
| Labor – licensed plumber                 |     |      |        |
| Angle stop valves, 1/2 x 3/8 in. (parts) |     |      |        |
| Braided supply lines, 20 in. (parts)     |     |      |        |
|                                          |     |      |        |
|                                          |     |      |        |
|                                          |     |      |        |
|                                          |     |      |        |
|                                          |     |      |        |
|                                          |     |      |        |

Subtotal

Sales tax

Total

TERMS

Payment is due on completion of the work.