PLUMBING INVOICE

Date: _____
INVOICE # _____

BILL TO
Name: _____
Company: _____
Street Address: _____
City, State, Zip Code: _____
Telephone: _____
Customer ID: _____

Name: _____
Company Name _____
Street Address: _____
City, State, and Zip Code _____
Telephone _____

ARRIVAL TIME _____

DEPARTURE TIME _____

DESCRIPTION OF WORK

QTY.	MATERIAL	UNIT	Price
			$
			$
			$
			$
			$
			$

Total materials	
Total Labour	
Tax	
TOTAL	

I hereby acknowledge the satisfactory completion of the above described work

Customer's Signature _____ Date _____

Thank you for your business!