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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[Your Company Name]** | | | | | PLUMBING INVOICE | | | |
|  |  |  |  |  |  |  |  |  |
| **Sold To**: | | | |  | **Serviced At**: | | | |
|  |  |  |  |  |  |  |  |  |
|  | Sales Tax Rates: |  | (On parts) | |  | (On labor) |  |  |
|  |  |  |  |  |  |  |  |  |
| **Invoice #** | | **Make Of Equipment** | | | **Model #** | **Serial #** | **Invoice Date** | **Service Date** |
|  | |  | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **PARTS USED** | | | | | | | | |
| **QTY** | **DESCRIPTION** | | | | | | **PRICE** | **AMOUNT** |
|  |  | | | | | |  |  |
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| **SERVICE PERSON** | | **DATE** | **HOURS** | **RATE** | **AMOUNT** |  | PARTS |  |
|  | |  |  |  |  |  | LABOR |  |
|  | |  |  |  |  |  | TAX |  |
|  | |  |  |  |  |  | **TOTAL** |  |
|  | |  |  |  |  | *GUARANTEED 30 DAYS* | | |
|  | |  |  |  |  | *AGAINST LABOR AND* | | |
|  |  |  |  | TOTAL |  | *MATERIAL DEFECTS* | | |
|  |  |  |  |  |  |  |  |  |
| COMMENTS: | | | | | | | | |
|  |  | | |  |  | | |  |
| SERVICE SUPERVISED BY | | | | | SIGNED | | |  |