|  |  |
| --- | --- |
| **[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 |  |