

[Your business name]

[Street address, city, state ZIP]

[Phone] · [Email] · [Website]

[State registration or license #, where required]

INVOICE

Invoice # [0001]

Date [MM/DD/YYYY]

Due [MM/DD/YYYY]

Service [date, time on site]

BILL TO

[Customer name]

[Street address]

[City, state ZIP]

[Phone or email]

APPLIANCE

[Brand, type, model #, serial #]

Reported: [the fault the customer described] · Found:
[the cause]

[Repair complete / part on order — return visit date]

DESCRIPTION	QTY	RATE	AMOUNT
Service call and diagnosis [Flat fee; say if it's applied to the repair]			
Labor — [repair done] [Flat rate per repair, or hours × rate]			
Part — [name], part # [number] [OEM or aftermarket]			
Part — [name], part # [number]			
After-hours or same-day service [If charged]			
Haul-away — [old appliance or part] [If charged]			
Subtotal			
Sales tax / GST / VAT ([rate]%)			
Deposit received			
Balance due			

PAYMENT

[Due on completion. How to pay.]

PART FITTED

[What went in, what came out and where it went; anything the customer should watch for.]