[Your business name]

[Street address, city, state ZIP]
[Phone] · [Email] · [Website]
License # [your plumbing license number]

INVOICE

Invoice # [0001]
Date [MM/DD/YYYY]
Due [MM/DD/YYYY]
Job / PO # [optional]

BILL TO

[Customer name]
[Street address]
[City, state ZIP]
[Phone or email]

JOB

[What you did]
[Job address, if different] · [Date of work]
[Technician]

DESCRIPTION	QTY	RATE	AMOUNT
Service call / trip charge			
Labor [Flat rate, or hours × rate]			
Parts and materials [Item, brand, model]			
Permit fee [Permit number]			
Disposal / haul-away			

Subtotal	
Sales tax / GST / VAT ([rate]%)	
Deposit received	
Balance due	

PAYMENT TERMS

[Due within 14 days. How customers can pay. Late fee, if you agreed one in writing.]

WARRANTY

[How long your workmanship is guaranteed; parts carry the manufacturer's warranty.]