

Plumbing Maintenance Invoice

From (Business):

Company Name
Address Line 1
Address Line 2
Phone:
Email:

Bill To (Client):

Client Name
Address Line 1
Address Line 2
Phone:

Invoice Details

Invoice #: _____
Date: _____
Due Date: _____

Description of Services

Service Description	Hours	Rate	Amount

Subtotal

Tax

Total

Notes / Terms

Thank you for your business!
Payment due within _____ days.
Please make all checks payable to: _____