

# Appliance Repair Invoice

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

## Company Name

Address Line 1

Address Line 2

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Bill To

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

## Appliance Details

Type: \_\_\_\_\_

Brand: \_\_\_\_\_

Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_

## Services Provided

Description	Qty	Unit Price	Total
Labor - Diagnosis & Repair	1	_____	_____
Replacement Part	1	_____	_____
Service Call Fee	1	_____	_____

Subtotal: \_\_\_\_\_

Tax: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

## Notes

Thank you for your business!

Technician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_