

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: