

**Contractor Name / Company**

Address Line 1

Address Line 2

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

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

**Bill To**

Client Name

Client Address Line 1

Client Address Line 2

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

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

## Repair Billing Invoice

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

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

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

Description of Service / Repair	Quantity	Unit Price	Amount

Subtotal \_\_\_\_\_

Tax \_\_\_\_\_

Total \_\_\_\_\_

**Notes / Additional Information:**

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Contractor Signature

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Client Signature