

| |
|--------------|
| Company Name |
| Address |
| Phone |
| Email |

INVOICE

Invoice #

Date

Bill To

| |
|---------------|
| Customer Name |
| Phone |
| Address |

Device / Equipment Information

| |
|-------------------|
| Device Type/Model |
| Serial Number |
| Reported Problem |

Repair/Service Details

| Description | Parts Used | Qty | Unit Price | Total |
|----------------------|-------------|-----|------------|--------|
| e.g. LCD Replacement | e.g. LCD Pa | 1 | \$0.00 | \$0.00 |
| | | | | |
| | | | | |

| |
|--|
| Additional Notes or Repair Description |
|--|

Subtotal

Tax

Total

Amount Paid

Balance Due

\$0.00

Technician Signature

Customer Signature