

PLUMBING INVOICE



BILL TO

Name: _____

Invoice Number: _____

Street: _____

Date: _____

City, State, Country: _____

Customer ID: _____

Phone: _____

INVOICE TOTAL

PARTS USED

Quantity	Description	Unit Price	Amount
		Total Parts	

LABOR

Hour	Description	\$ / Hour	Amount
		Total Labor	
		Subtotal	
		Sales Tax	
Payment is due within # ____ of days.		TOTAL	

Comments or Special Instructions: _____