PLUMBING INVOICE

INVOICE DATE	WORK ORDER NO.	INVOICE NO.
INVOICE DATE	WORK ORDER NO.	INVOICE NO.

TOTAL TAX

GRAND TOTAL

LESS PAYMENT

TOTAL DUE

OTHER

PLUMBER			-		
COMPANY NAME		LABOR	HOURS	RATE	TOTAL
CONTACT NAME					
ADDRESS					
ADDRESS					
ADDRESS					
TELEPHONE					
EMAIL					
CLIENT				TOTAL	
COMPANY NAME		MATERIALS	QTY	UNIT COST	TOTAL
CONTACT NAME					
ADDRESS					
ADDRESS					
ADDRESS					
TELEPHONE					
EMAIL					
CONFIRMATION	•	TERMS + REMARKS	_	TOTAL	
CLIENT					
(SIGNATURE)				SUBTOTAL	
DATE			enter percentage	TAX RATE	

Please make check payable to

For questions concerning this invoice, please contact

THANK YOU

enter initial payment amount

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