[company logo]

PLUMBING WORK ORDER/INVOICE

Your Company Name
Street Address
City, ST ZIP Code
Phone Number
Web Address

License #_____
DATE:
INVOICE #:
CUSTOMER ID#:

Bill To:
[Name of Customer]
[Stress Address]
[City, ST ZIP]
[Phone No.]

Job Location:
[Address]
[City, ST ZIP]
[Phone No.]
[name of contact person]

DAYWORK ___ CONTRACT ___ EXTRA WORK ___ TIME & MATERIAL ___ OTHER ___

SAMPLE PREVIEW

Description of Labor	Hrs	Rate (per hr)	Amount
		TOTAL LABOR	

SAMPLE PREVIEW

QTY.	Description of Parts / Materials	Unit Price	Amount
		TOTAL PARTS / MATERIALS	

Terms
Minimum service charge $_____
Invoices due upon receipt.

	SUBTOTAL	
PST	6.50%	
GST/VAT	5.00%	
SHIPPING & HANDLING		
	TOTAL	
	PAID	
	TOTAL DUE	

I hereby acknowledge the satisfactory completion of the above described work.

_____
Signature Date

THANK YOU FOR YOUR BUSINESS!