# INVOICE

Invoice no.

Invoice date

Due date

## FROM

Business name

Address

Phone / email

## BILL TO

Customer name

Address

Phone / email

Service address

Date(s) of service

## WORK COMPLETED

Identify the equipment, diagnosed work, proposed parts and any included testing.

| Description | Unit | Qty | Rate | Amount |
|---|---|---|---|---|
| Diagnostic Service Call | each | | | |
| AC Coil Cleaning | each | | | |
| Ignitor Replacement | each | | | |
| Basic Thermostat Install | each | | | |
| Air Filter Replacement | each | | | |
| | | | | |
| | | | | |
| | | | | |

## HOW TO PAY

Who to make a check out to, bank transfer details or a pay link, and any late fee.

## NOTES

| | |
|---|---|
| Subtotal | |
| Tax rate (%) | |
| Tax | |
| **Total** | |
| Amount paid | |
| **Balance due** | |