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SERVICE INVOICE

INVOICE NO.	INVOICE DATE	DUE DATE	JOB / WORK ORDER NO.

BILL TO

Name

Service address

Phone / email

FROM

Business

Address

Phone / license no.

Work performed

Labor

Date	Description	Hours	Rate	Amount

Labor total	

Materials and parts

Part / material	Qty	Unit price	Amount

Materials total	
Tax on materials (%)	
Tax	
Less deposit	
Amount due	

HOW TO PAY

Bank / account

Online / app

Checks payable to

TERMS

Payment terms

Late fee

Warranty