

APPLIANCE REPAIR INVOICE

FROM

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

DATE: _____

INVOICE #: _____

BILL TO

Name: _____
 Company: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 E-Mail: _____

| SERVICE | HOURS | RATE (\$/HR) | AMOUNT (\$) |
|-----------------|-------|--------------|-------------|
| | | | |
| SUBTOTAL | | | |

| PRODUCTS / MATERIALS | QUANTITY | UNIT PRICE | AMOUNT (\$) |
|----------------------|----------|------------|-------------|
| | | | |
| SUBTOTAL | | | |

NOTES

| | |
|------------------|--|
| SUBTOTAL | |
| DISCOUNT | |
| TAX / VAT | |
| TOTAL | |

