HVAC INVOICE

Invoice no.: _____ Date: _____ Due date: _____

From
Your business name
Address
Phone / email
License or registration no. (if any)

Bill to
Customer name
Job address
Phone / email

Job
What was done and where.
_____

Description	Qty	Unit	Rate	Amount
Diagnostic fee		visit		
Labor		hours		
Refrigerant		lb		
Parts				
Equipment (unit, thermostat)				
Maintenance visit				
Permit fee				
			Subtotal	
			Discount	
			Tax (name and rate: ____ %)	
			Total	
			Deposit / paid so far	
			Balance due	

Payment
Due by: _____. Accepted payment methods: _____. Make checks payable to: _____.

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