

Repair Invoice

Service Provider: Company Name Address Line 1 Address Line 2 Phone: (123) 456-7890 Email: info@example.com	Invoice #: Date: Due Date:
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Billed To: Client Name Address Line 1 Address Line 2 Phone: Email:
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Description of Work	Hours/Qty	Rate	Total
Labor / Service	2	\$50.00	\$100.00
Parts / Materials	1	\$30.00	\$30.00
Subtotal			\$130.00
Tax (8%)			\$10.40
Total Due			\$140.40

Payment Terms: Payment due within 15 days of invoice date.

Authorized Signature: _____

Date: _____

Thank you for your business!