

AIR CONDITIONING SERVICE INVOICE

DETAILS

DATE: _____
 INVOICE NO. _____
 TECHNICIAN: _____
 TERMS: _____

FROM

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

BILL TO

COMPANY: _____
 ATTN: _____
 ADDRESS: _____
 CITY, STATE: _____
 ZIP: _____
 PHONE: _____
 E-MAIL: _____

SERVICE	HOURS	RATE (\$/HR)	AMOUNT (\$)
		TOTAL	

PRODUCTS / MATERIALS	QUANTITY	UNIT PRICE	AMOUNT (\$)
		TOTAL	

NOTES: _____

SUBTOTAL	
DISCOUNT	
TAX / VAT	
TOTAL	

