

# INVOICE

Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

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## SERVICE PROVIDER

Company:

Address:

Phone:

Email:

License No:

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## CLIENT / SERVICE LOCATION

Client Name:

Site Address:

Phone:

Email:

Job Ref No:

DESCRIPTION OF FIXTURE / INSTALLATION SERVICE	QTY	UNIT / HOURLY RATE	MATERIAL COST	AMOUNT

**Subtotal:** \_\_\_\_\_

**Tax Rate (%):** \_\_\_\_\_

**Tax Amount:** \_\_\_\_\_

**Total Due:** \_\_\_\_\_

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### Payment Terms & Conditions

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TECHNICIAN SIGNATURE

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CUSTOMER ACCEPTANCE SIGNATURE