

INVOICE

BILL TO:

Invoice No	PO.No	Invoice Date	Dute Date	Technician	Date Completed

Service Location	Hours Worked	Travel Time	Work Requested:

Item Description/Materials	Quantity	Unite Price	Amount

Labor/Services	Hours	Hourly fee	Amount

Others	Amount

Notes/Comments:	Subtotal	
	Discount	
	Tax total	
	Paid	
Payment Method:	Total Due	

Thank you!