

Household Fixes Service Bill

Date: _____

Bill No.: _____

Customer Name: _____

Address: _____

Phone: _____

#	Description of Service	Qty	Unit Price	Total
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
Grand Total				_____

Notes:

Customer Signature:

Authorized By:
