Emergency Repair Service Invoice

Invoice Number: [_____]

Date: [_____]

Service Provider: [_____]

Service Provider Address: [_____]

Customer Name: [_____]

Customer Address: [_____]

Description of Repairs	Hours	Rate	Total
[_____]	[_____]	[_____]	[_____]
[_____]	[_____]	[_____]	[_____]
[_____]	[_____]	[_____]	[_____]

Subtotal: [_____]

Tax: [_____]

Total Amount Due: [_____]

Payment Terms: [_____]

Additional Notes:

[_____]

Authorized Signature: [_____]

Date: [_____]