

Equipment Repair Billing Statement

Statement No:

Date:

Bill To (Company Name):

Contact Person:

Address:

Equipment Details:

Serial No.:

Description of Repair/Service	Parts	Labor Hours	Rate	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Subtotal:

Tax:

Total Amount Due:

Notes:

Authorized by: _____