Plumbing Maintenance Service Invoice

Invoice Number: [   ]
Date: [   ]
Client Name: [   ]
Client Address: [   ]
Phone Number: [   ]

Description	Hours	Rate	
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
[ ]	[ ]	[ ]	[ ]
		Total:	[ ]

Notes: [   ]

Authorized by
(Signature): [   ]