INVOICE

HVAC Service Invoice

YOUR BUSINESS NAME

Street address

City, State ZIP

Phone

Email

Website / license #

Invoice #

Invoice date

Due date

Payment terms

BILL TO

Customer name

Billing address

City, State ZIP

Phone

Email

Customer / account #

JOB DETAILS

Service address	Work order #	Technician	License #
Equipment make / model	Serial #	Refrigerant type	Warranty

Description	Qty	Unit	Rate	Amount
Diagnostic / service call fee		each		
Labor		hr		
Parts (list part and model)		each		
Refrigerant recovered / added		lb		
Air filter(s)		each		
Maintenance plan visit		visit		

PAYMENT METHODS ACCEPTED

- ☐ Cash
- ☐ Check
- ☐ Card
- ☐ Bank transfer (ACH)
- ☐ Zelle
- ☐ Venmo
- ☐ Other

Pay to / payment details

Subtotal	
Discount	
Tax rate (%)	
Tax	
Total	
Paid / deposit	
Balance due	

TERMS & NOTES

Due on completion. Parts carry the manufacturer warranty; labor warranted for 30 days.

WORK PERFORMED AND FINDINGS

Work completed and approved by

Date

Thank you for your business.

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