

YOUR COMPANY NAME

Address (first line)

Address (second line)

City, State or Province, Postal Code

Country

Phone number

Fax Number

SERVICE FOR: *Company Name*

Address (first line)

Address (second line)

City, State or Province

BILL TO: *Person or company*

Address (first line)

Address (second line)

City, State or Province

Salesperson:		Date:
Invoice number:		Service number:
Cost estimate:		Date completed:

PARTS AND MATERIALS

PART NO.	QTY.	PARTS DESCRIPTION

LABOR

Tax rate:

SERVICE PERSON	HOURS	DESCRIPTION

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Tax rate: _____

COMMENTS

	<i>Total labor:</i>	
%	<i>Tax:</i>	#VALUE!
	<i>Amount due:</i>	#VALUE!
