INVOICE

Invoice # _____
Date _____
Due date _____

HVAC Diagnostic and Approved Repair

FROM
Business / your name

Email

Phone

Address

BILL TO
Client name

Email

Service address

City / state / ZIP

OPTIONAL JOB REFERENCE

Issue reported: _____
Approval method and date: _____
Finding / tests performed: _____
Technician: _____

DESCRIPTION	QTY	RATE	AMOUNT

Subtotal _____
Tax _____
Balance Due _____

OPTIONAL LINE-ITEM PROMPTS

Optional examples: diagnostic fee, approved repair labor, parts, or refrigerant. Use only the examples that apply; edit line names in the DOCX or generator.

PAYMENT INSTRUCTIONS

Payment terms:
_____

Customer / authorized contact: _____ Date: _____

Template guide only. Adapt fields and line items to the job and applicable local requirements.