** PLUMBER RECEIPT TEMPLATE**

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR LOGO** |  |  | PLUMBING RECEIPT |
|  |  |  |  | **INVOICE DATE** | **WORK ORDER NO.** | **INVOICE NO.** |
|  |  |  |  |  |  |  |
| PLUMBER |  |  |  |  |  |  |
| COMPANY NAME |   |  | LABOR | HOURS | RATE | TOTAL |
| CONTACT NAME |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| TELEPHONE  |   |  |   |   |   |   |
| EMAIL |   |  |   |   |   |   |
| CLIENT |  |  |  |  | **TOTAL** |  |
| COMPANY NAME |   |  | MATERIALS | QTY | UNIT COST | TOTAL |
| CONTACT NAME |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| ADDRESS  |   |  |   |   |   |   |
| TELEPHONE  |   |  |   |   |   |   |
| EMAIL |   |  |   |   |   |   |
| CONFIRMATION |   |  | TERMS + REMARKS |  | **TOTAL** |  |
| CLIENT (SIGNATURE) |  |  |   |  |  |  |
|   |  |  | **SUBTOTAL** |  |
| DATE |   |  | enter percentage | **TAX RATE** |   |
| *Please make check payable to* Your Company Name. |  |  |  | **TOTAL TAX** |   |
|  |  |  | **OTHER** |   |
| *For questions concerning this invoice, please contact* |  |  |  | **GRAND TOTAL** |  |
| Name, (321) 456-7890, Email Address |  | enter initial payment amount | **LESS PAYMENT** |   |
| www.yourwebaddress.com |  |  |  | **TOTAL DUE** |  |

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