Sample invoice for reference only

Your Business Name

hello@yourbusiness.com | (555) 123-4567 | License #, EPA 608 cert #

INVOICE

Invoice #: **2026-142**
Invoice date: July 24, 2026
Due date: August 7, 2026
Service date: July 23, 2026

BILL TO

Sample Customer
sample@example.com | (555) 987-6543
Equipment: Carrier 24ACC6, 3-ton, serial ending 5521, installed 2016 | Service address on file

Description	Qty	Rate	Total
After-hours diagnostic and service call	1	$149.00	$149.00
After-hours premium	1	$90.00	$90.00
Dual run capacitor, 45/5 MFD	1	$185.00	$185.00
Contactor, 30 amp	1	$95.00	$95.00
Repair labor	1.5	$140.00	$210.00
R-410A refrigerant recharge	2	$70.00	$140.00
Less: diagnostic credited to approved repair	1	-$149.00	-$149.00
		Subtotal	**$720.00**
		Tax	**$29.40**
		Total	**$749.40**

PAYMENT TERMS

Balance due within 14 days. Payable by bank transfer, check, or card. Diagnostic fee credited to the approved repair.

NOTES

Diagnostic visit #EST-2026-142 authorized 2026-07-23. Capacitor and contactor repair approved on site 2026-07-23 after diagnosis. Refrigerant: R-410A, 2 lb added. Warranty: 1 year parts and labor on this repair. Manufacturer parts warranty may still cover major components; labor to install a warranty part is billed separately. EPA 608 refrigerant recordkeeping applies to appliances with a 50 lb or greater charge, which does not include this residential system.

Thank you for your business.

[Business name]

[email] | [phone] | [business address]

INVOICE

Invoice #: _____
Invoice date: _____
Due date: _____
Service date: _____

BILL TO

[Client name]
[client email or phone]
[service address]

Description	Qty	Rate	Total
		Subtotal	
		Tax	
		Total	

PAYMENT TERMS

[e.g. Due on receipt, Net 15, Net 30]

NOTES

[Access instructions, service window, or client-specific notes]

Thank you for your business.