[Your HVAC Company]

License #: [if required]
[Street address]
[City, State ZIP]
[Email] · [Phone]

INVOICE

Invoice # **[INV-0001]**
Invoice date **[MM/DD/YYYY]**
Due date **[MM/DD/YYYY]**

BILL TO

[Customer or company name]
[Billing address]
[City, State ZIP]

EQUIPMENT

Service address: [where the work was done]
Unit make / model / serial: [details]
Refrigerant type and amount: [if added or recovered]

Description	Type	Qty	Unit price	Taxable	Amount
Example: Diagnostic fee	Fee	1	$89.00	N	$89.00
Example: Labor (hours)	Labor	2	$125.00	N	$250.00
Example: Capacitor	Parts	1	$48.00	Y	$48.00
Example: Contactor	Parts	1	$62.00	Y	$62.00

PAYMENT DETAILS

Bank transfer / ACH: [Bank name], routing [000000000], account [0000000000]
Check payable to: [Your business name]
Pay online: [your Stripe, PayPal or Venmo payment link]
Please include the invoice number with your payment.

Payment due on receipt.

Subtotal	$449.00
Sales tax (taxable items) (example 6%)	$6.60
Total due (USD)	**$455.60**

NOTES

Sales tax applies only to rows marked Y. Taxability of labor and materials varies by state.