

Your Company Name

123 Your Street
Your City, ST 00000
(555) 010-0100
office@yourcompany.example
www.yourcompany.example
License #LIC-000000
Licensed and insured — certificate on request

INVOICE

No. **INV-1001**
Date **Sep 1, 2026**
Due **Sep 15, 2026**

BILL TO

Client Name

456 Client Street
Their City, ST 00000
(555) 010-0200
client@example.com

DESCRIPTION	QTY	UNIT	RATE	TAX	AMOUNT
EQUIPMENT					
3-ton 15.2 SEER2 condenser, R-454B	1	ea	\$3,285.00	T	\$3,285.00
Matching evaporator coil, cased	1	ea	\$985.00	T	\$985.00
80% AFUE gas furnace, 60k BTU	1	ea	\$1,975.00	T	\$1,975.00
MATERIALS					
Line set, 3/4 in. x 25 ft, insulated	1	ea	\$195.00	T	\$195.00
Condenser pad, whip and disconnect	1	ea	\$165.00	T	\$165.00
Flex duct replacement, R-8	40	ft	\$14.50	T	\$580.00
LABOR					
Removal, brazing, nitrogen purge, evacuation and startup	6	hr	\$125.00		\$750.00
Refrigerant recovery and EPA-compliant disposal	1	ea	\$185.00		\$185.00
Subtotal					\$8,120.00
Tax (8.25%)					\$592.76
Total					\$8,712.76

T = taxable line

HOW TO PAY

Check or Zelle to Your Company Name. Please reference the invoice number.

NOTES

Work completed as described on estimate EST-1001.

TERMS

Payment is due within 14 days of the invoice date. Thank you for your business.



DESCRIPTION	QTY	UNIT	RATE	TAX	AMOUNT
Accepted by					
		Date			