FIELD PROMAX | HVAC REPAIR INVOICE

Emergency & Demand Service | fieldpromax.com

FROM

Your Company Name

Address | Phone | License #

Invoice #	INV-____
Service Date	__/__/____
Due Date	__/__/____
Call Type	Emergency / Scheduled

CUSTOMER & JOB SITE

Customer Name:	
Billing Address:	
Service Address:	
Phone:	

EQUIPMENT DETAILS

Make / Brand	Model #	Serial #	Age (yrs)

Refrigerant Type	Qty Added / Recovered (lbs)	System Type
R-410A / R-32 / R-454B		Split / Package / Mini-Split

DIAGNOSTIC FINDINGS

Fault Found:	
Root Cause:	

Suction Pressure	Discharge Pressure	Superheat	Subcooling
___ psi	___ psi	___ °F	___ °F

PARTS & LABOR

Part #	Description	Qty	Unit Price	Tax	Total
Labor	___ hrs @ $___/hr				
					TOTAL $

WARRANTY

Parts Warranty:	____ days / months from install date
Labor Warranty:	____ days from service date
Follow-up Needed:	

PAYMENT & SIGNATURES

Payment Terms:	Due on receipt | Card | ACH | Check

Customer Signature

Technician Signature