CUSTOM	ER'S NAME & ADDRE	SS		75 [	Your Compai Logo	ny /	<b>Y</b> 123 Cc Tel. (1	<b>our Coi</b> mpany Lan 23) 456-789	<b>mpany</b> ne - New 90 - Fax.	<b>7 Nan</b> York, N (123) 45	ne Y 123 56-78	345 90		
							TIME OF A		□ AM TII	TIME OF DEPARTURE			E	
PHONE NUMBER P.O.# INVOICE			QTY.	MATERIALS				PRICE			AMOUNT			
NATURE (	DF CALL													
UNIT #	MAKE	MODEL	SERIAL NUMBER											
UNIT #	MAKE	MODEL	SERIAL NUMBER											
UNIT #	MAKE	MODEL	SERIAL NUMBER					1/1						
Evacuate	Pressurization ed The System Refrigerant #	☐ Changed Belt(s) ☐ Changed Filter(s ☐ Unclogged Drain	s)											
				LABOR		HOURS	RATE	AMOUNT	TOTAL N	MATERIAL	s			
									тот	AL LABO	R			
									S	UB-TOTA	7			
	TOTAL LABOR							TAX						
MEC				MECHANIC	70				TOTAL		4			
		SIGNATURE						LESS	DEPOSI	T				
I hereby acknowledge the satisfactory completion of the above described work.  Print Name  Customer's Signature							pletion	Than Pay This						