

Glass Repair Invoice

Business name _____

Business phone and email _____

Business mailing address _____

Customer name _____

Service location _____

Document date _____ Reference _____

Invoice date _____ Due date _____

Glass location dimensions and type _____

Frame condition and access _____

Temporary protection and replacement scope _____

Description	Qty	Rate	Amount
-------------	-----	------	--------

-------	--	--	--

-------	--	--	--

-------	--	--	--

-------	--	--	--

Labor _____ Materials _____ Trip fee _____

Subtotal _____ Tax if applicable _____

Deposit or prior payments _____ Total or balance _____

Work completed and completion date _____

Payment instructions and reference _____

Payment received _____ Method _____ Date _____