

**Company Name**

Address

City State Zip

**123-456-7890**

# DUCT CLEANING

CUSTOMER _____	REPORT DATE		
	MONTH	DAY	YEAR
STREET _____	Make of Unit:		
CITY _____	Model #		
STATE _____ ZIP _____	Serial #		
PHONE _____			

QTY	DESCRIPTION	PRICE	AMOUNT
	Branch Runs		
	Supply Trunk Line (up to 50 feet)		
	Return Trunk Line (up to 50 feet)		
	Anti-bacterial Fogger		
	Clean Dryer Vent		
	Clean and Check Unit		
	Video Inspection		
		Sub Total	
		Sales Tax	
		<b>TOTAL</b>	

**COMMENTS**

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SERVICE TECHNICIAN SIGNATURE \_\_\_\_\_

SIGNATURE \* \_\_\_\_\_ DATE \_\_\_\_\_

*\* I hereby acknowledge the satisfactory completion of the above described work.*