CHEMICAL AUDIT SERVICES

123 Compliance Way
Industrial District, ST 54321
contact@chemicalaudit.com

INVOICE

Invoice #: _____
Date: _____
Audit Period: _____

CLIENT / FACILITY _____
_____
_____
Attn: Environmental Health & Safety Dept.
SITE INFORMATION **Facility ID:** _____
Location: _____
Audit Lead: _____

Service Description	Hours/Qty	Rate	Amount
On-site Chemical Physical Inventory & Tagging			
SDS Database Reconciliation & Regulatory Mapping			
Hazard Class Segregation Analysis			

Service Description	Hours/Qty	Rate	Amount
Final Compliance Audit Report & EAP Updates			

Subtotal: $_____
Tax/Fees: $_____
Total Due: $_____

Payment Terms: Net 30 Days. Please make checks payable to Chemical Audit Services.

Certifications: This audit was conducted in accordance with OSHA Hazard Communication Standard (29 CFR 1910.1200) and applicable EPA reporting requirements.