

# INVOICE

[Company Name]

[Address Line 1]

[Phone / Email]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

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## CLIENT / FACILITY

[Contact Name]

[Restaurant/Facility Name]

[Site Address]

[City, State, Zip]

## PROJECT DETAILS

**Service Date:** \_\_\_\_\_

**NFPA 96 Compliance:** [ ] Yes [ ] N/A

**Next Service Due:** \_\_\_\_\_

Service Description (Hoods, Ducts, Fans, Filters)	Qty/Units	Rate	Total
Exhaust Hood Deep Cleaning & Degreasing			
Rooftop Upblast Fan Cleaning & Scrape			
Grease Filter Exchange/Cleaning			
Access Panel Installation/Service			
Additional Maintenance / Chemical Surcharge			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**Amount Due: \$** \_\_\_\_\_

**TECHNICIAN NOTES & CERTIFICATION**

[Notes regarding grease volume, structural deficiencies, or inaccessible areas]

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Terms: Payment is due within [X] days. Certification stickers have been applied to compliant exhaust hoods.

Thank you for your business!