

INVOICE

Gym Maintenance Services

Invoice #: _____

Date: _____

PROVIDER

[Company Name]

[Address]

[Phone]

[Email]

CLIENT (FITNESS CENTER)

[Facility Name]

[Contact Person]

[Address]

[Account Number]

Equipment / Service Description	Qty/Hrs	Rate	Amount
Cables & Pulleys Inspection/Lubrication			
Treadmill Belt Alignment & Tensioning			
Strength Machine Upholstery Repair			

Equipment / Service Description	Qty/Hrs	Rate	Amount
Electronic Diagnostic/Calibration			
Replacement Parts: [Specify]			
			Subtotal: \$ _____
			Tax: \$ _____
			Total Amount Due: \$ _____

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: All safety sensors were tested and verified functional at the time of service.