

# MAINTENANCE INVOICE

**Contractor:** [Company Name]  
[Address Line 1]  
[Tax ID / License No]

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

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**BILL TO:** [Mall Management Name] [Department/Contact Person] [Billing Address]  
**PROJECT SITE:** [Retail Mall Name] [Unit # / Specific Zone] [Work Order Reference]

Description of Maintenance Services / Parts	Qty/Hrs	Unit Price	Amount
[Service: e.g., HVAC Filter Replacement / Electrical Repair]			
[Materials: e.g., Lighting Fixtures / Plumbing Supplies]			
[Labor: Standard/Emergency Rate]			

Subtotal: \$0.00  
Tax (%): \$0.00  
TOTAL DUE: \$0.00

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

**Notes:** All maintenance work performed according to Retail Mall Safety Standards.