INSPECTION COMPANY NAME

123 Business Street
City, State, Zip
Phone: (555) 000-0000

INVOICE

Invoice #: _____
Date: _____

CLIENT INFORMATION

Name: _____
Property Address: _____
City/State: _____

INSPECTION SUMMARY

Inspector: _____
Property Type: _____
Sq Footage: _____

Service Description (Annual Maintenance Items)	Qty/Hrs	Rate	Amount
Full Structural & Foundation Assessment			
HVAC, Plumbing & Electrical Safety Check			
Roofing, Gutters & Exterior Envelope Inspection			
Attic & Crawlspace Moisture Evaluation			

Service Description (Annual Maintenance Items)	Qty/Hrs	Rate	Amount

Subtotal: $_____
Tax: $_____

Total Due: $_____

NOTES / RECOMMENDATIONS

_____

Payment Terms: Due upon receipt. Please make checks payable to Company Name.