[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: _____
Date: _____

Client:

[Client Name]
[Company Name]
[Billing Address]

Property Inspected:

[Property Name/ID]
[Property Address]

Service Description	Sq. Footage	Rate	Total
Full Commercial Building Inspection			
HVAC System Evaluation	-		
Roof & Structural Assessment	-		

Service Description	Sq. Footage	Rate	Total
Environmental/ADA Compliance Check	-		

Subtotal: $_____

Tax: $_____

Grand Total: $_____

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

Thank you for your business.