HOME INSPECTION INVOICE

[Business Name]

[License Number]

[Phone / Email]

INVOICE #

DATE

CLIENT INFORMATION

[Client Name]

[Mailing Address]

[City, State, Zip]

PROPERTY INSPECTED

[Property Street Address]

[City, State, Zip]

[Square Footage / Year Built]

Description of Services	Qty	Unit Price	Amount
Standard Residential Home Inspection		$	$
Radon Gas Testing		$	$
Termite / WDO Inspection		$	$
Sewer Scope / Video Lateral Inspection		$	$
Mold / Air Quality Sampling		$	$

Description of Services	Qty	Unit Price	Amount
Thermal Imaging Survey		$	$

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

PAYMENT STATUS & NOTES

[ ] Cash [ ] Check #_____ [ ] Credit Card [ ] Paid at Closing

Thank you for choosing [Business Name]. Please note that the inspection report will be released upon receipt of full payment. This invoice is subject to the terms of the Pre-Inspection Agreement.