INVOICE

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

Invoice #: [00000]
Date: [Date]
Inspection Date: [Date]

Client:
[Client Name]
[Phone]
[Email]
Property Inspected:
[Mobile Home Make/Model]
[Serial/VIN Number]
[Park Name / Site Address]

Service Description	Amount
Standard Mobile Home Inspection (Chassis, Roof, HVAC, Plumbing)	$0.00
Foundation / Tie-Down Certification	$0.00
Thermal Imaging Leak Detection	$0.00
Travel Fee	$0.00

Subtotal: $0.00

Tax: $0.00

Total Due: $0.00

Payment Terms: Due upon receipt of report.

Notes: This invoice is for inspection services only and does not constitute a warranty or insurance policy for the mobile home unit.