INVOICE

[Business Name]
[Address]
[Phone/Email]

INVOICE #: _____
DATE: _____
DUE DATE: _____

CLIENT INFORMATION

[Name]
[Billing Address]
[City, State, Zip]

INSPECTION PROPERTY

[Property Address]
[City, State, Zip]

Description of Services (Mold Assessment)	Qty/Hours	Unit Price	Total
Visual Inspection & Moisture Mapping			
Air Quality Sampling (Indoor/Outdoor)			
Surface/Swab/Tape Lift Sampling			
Laboratory Analysis & Reporting Fees			
Thermal Imaging Scan			

Subtotal: $_____

Tax: $_____

Total Due: $_____

Notes / Remittance Instructions:

Please make checks payable to: _____

Thank you for choosing us for your environmental safety assessment.