INVOICE

Property Inspection Services

Invoice #: _____

Date: _____

Inspector/Company:

_____
_____
_____

Client/Property Management:

_____
_____
_____

Property Name/Address: _____

Unit #	Inspection Type (Move-in/out, Annual, Safety)	Description/Notes	Amount
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____

Unit #	Inspection Type (Move-in/out, Annual, Safety)	Description/Notes	Amount
_____	_____	_____	$ _____

Subtotal: $ _____
Tax: $ _____

Total Due: $ _____

Payment Terms: Due within ____ days. Please make checks payable to _____.

Thank you for your business.