INSPECTION SERVICE INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Phone] | [Email]

Invoice #: _____
Date: _____
Due Date: _____

CLIENT INFORMATION

[Client Name]
[Billing Address]
[City, State, Zip]
[Phone / Email]

PROJECT SITE LOCATION

[Project / Subdivision Name]
[Lot Number / Street Address]
[City, State, Zip]
[Permit Number]

Service Description (Inspection Phase)	Qty	Rate	Amount
Pre-Slab / Foundation Inspection			
Framing & Rough-In Inspection			
Pre-Drywall Inspection			
Final Walkthrough / Occupancy Inspection			

Service Description (Inspection Phase)	Qty	Rate	Amount
Re-inspection Fee			

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

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

Notes: This invoice covers professional inspection services for new construction phases as indicated above. Detailed inspection reports are provided separately upon payment completion.