[COMPANY NAME]

[Address Line 1]
[Address Line 2]
[Phone Number]
[Email/License #]

INVOICE

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

PROPERTY INSPECTED:

_____
_____
_____

Description of Services	Device Type/Serial #	Price
Short-Term Radon Testing (48-hr Minimum)	_____	$ _____
Additional Radon Monitor Placement	_____	$ _____
Laboratory Analysis Fee	n/a	$ _____

Description of Services	Device Type/Serial #	Price
[Other Inspection Service]	n/a	$ _____

Subtotal: $ _____
Tax: $ _____

Total Amount Due: $ _____

NOTES / TERMS:

Payment is due upon receipt of report. Testing follows EPA protocols for residential radon measurement.

Thank you for choosing [Company Name] for your home safety needs.