[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: [0000]
Date: [Date]
Inspection Date: [Date]

CLIENT / BILLED TO

[Client Name]
[Street Address]
[City, State, Zip]

PROPERTY INSPECTED

[Street Address]
[City, State, Zip]
[Property Type/Size]

Description of Services	Amount
Standard Residential Home Inspection	$0.00
Radon Testing Services	$0.00

Description of Services	Amount
Termite / WDI Inspection	$0.00
Sewer Scope / Mold Sampling	$0.00

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

Payment Terms: Payment is due upon receipt of invoice or prior to the release of the inspection report.

Notes: [Additional notes or payment instructions here]