THERMAL INSPECTION INVOICE

Company Name: _____
License #: _____

Invoice #: _____
Date: _____

Client Name:
Property Address:
Inspection Type:

Description of Services (Infrared Scanning)	Camera Model	Amount
Exterior Envelope / Heat Loss Analysis		$
Moisture Intrusion & Plumbing Leak Detection		$
Electrical Panel / Hot Spot Scans		$
HVAC Ductwork & Insulation Assessment		$
Additional Consultation / Report Preparation		$

Subtotal:
Tax:
Total Due:

Notes / Findings Summary:

Payment is due within ____ days. Please make checks payable to _____.
Thank you for choosing professional thermal imaging services.