

LAB USAGE INVOICE

[Vocational School Name]
[Department Name]
[School Address]
[Phone/Email]

Invoice #: _____
Date: _____

Bill To:

[Student/Company Name]
[ID Number]
[Address/Contact]

Lab Period:

From: _____
To: _____

Description of Lab Service / Equipment	Hours/Qty	Rate	Amount
Workstation / Bench Usage Fee			
Specialized Machinery Access			
Consumables & Materials Kit			

Description of Lab Service / Equipment	Hours/Qty	Rate	Amount
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Technical Supervision / Instructor Support

Subtotal: \$ _____

Tax/Fees: \$ _____

Total Due: \$ _____

Payment Terms:

Please make checks payable to _____. Payment is due within 15 days of invoice date.

Authorized Signature: _____ Date: _____

Thank you for using our vocational training facilities.