

INVOICE

Invoice #: _____

Date: _____

BILL TO:

PROJECT / SITE:

Location: _____

PO #: _____

Description of Equipment/Service	Qty/Hrs	Unit Price	Total
[Cooling Tower Model/Serial or Service Scope]			
[Replacement Fill Media / Drift Eliminators]			
[Fan Motor / Drive Assembly Components]			

Description of Equipment/Service	Qty/Hrs	Unit Price	Total
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[Labor: Installation & Commissioning]			
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[Water Treatment System Calibration]			
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Subtotal: \$ _____

Tax Rate (%): _____

Sales Tax: \$ _____

Total Due: \$ _____

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

Thank you for your business regarding your industrial cooling requirements.