

INVOICE

Quarterly Maintenance Services

[Company Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

BILL TO:

[Client Name]
[Building Name/Site ID]
[Billing Address]
[City, State, Zip]

Invoice #	[0000]
Date	[Date]
Quarter	[Q1/Q2/Q3/Q4]
Due Date	[Date]

Service Description	Quantity	Rate	Amount
HVAC System Inspection & Filter Change			
Electrical & Lighting Audit			
Plumbing & Leak Detection			
General Structural & Safety Check			
Additional Repairs/Supplies (Itemized)			

Subtotal: \$0.00

Tax: \$0.00

Total Due: \$0.00

Notes:

[Payment Terms/Instructions]

[Next Scheduled Inspection Date]