

INVOICE

[Company Name]

[Address Line 1]

[Phone / Email]

Invoice #: _____

Date: _____

Quarter: Q__ / 20__

CLIENT INFORMATION

[Client Name]

[Property Address]

[Contact Person]

PAYMENT TERMS

Due Date: _____

Payment Method: _____

Service Description (Quarterly Maintenance)	Quantity/Hrs	Rate	Amount
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Main Panel Inspection & Thermal Imaging			
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Circuit Breaker Testing & Torque Verification			
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Grounding & Bonding Continuity Check			
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Emergency Lighting & Exit Sign Battery Test			
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Service Description (Quarterly Maintenance)	Quantity/Hrs	Rate	Amount
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UPS & Surge Protection Status Audit

Replacement Parts / Materials

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

NOTES / OBSERVATIONS

Thank you for your business. Please make checks payable to **[Company Name]**.