

MAINTENANCE INVOICE

[Your Service Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____
Date: _____
Quarter: Q__ / 20__

Client Information:

[Client Name]
[Facility Location]
[Contact Person]

Equipment Details:

ID/Tag: [Equipment ID]
Model: [Model Number]
Type: [Industrial Asset Class]

Description of Service	Hours/Qty	Rate	Total
Quarterly Lubrication & Filter Replacement			
Safety Interlock Calibration & Testing			
Consumable Parts (Seals, Gaskets, O-Rings)			
System Diagnostics & Performance Report			
Subtotal: \$ _____			
Tax Rate: _____ %			
Total Due: \$ _____			

Technician Notes: _____

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