

INVOICE

Company Name: _____

License #: _____

Phone: _____

Date: _____

Invoice #: _____

BILL TO:

Name: _____

Address: _____

City/State: _____

SERVICE LOCATION:

Address: _____

Access Point: _____

Pipe Material: _____

Description of Inspection Services	Qty/Hrs	Rate	Total
CCTV Video Camera Inspection			
Hydro-Jetting / Line Cleaning			

Description of Inspection Services	Qty/Hrs	Rate	Total
Digital Recording / Report Generation			

INSPECTION FINDINGS / RECOMMENDATIONS:

Subtotal: \$ _____

Tax: \$ _____

GRAND TOTAL: \$ _____

Customer Signature: _____ **Date:** _____