SERVICE INVOICE

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

Invoice #: [00000]
Date: [MM/DD/YYYY]
Service Period: [Start] - [End]

BILL TO:

[Client Company Name]
[Contact Person]
[Street Address]
[City, State, Zip]

SITE / LOCATION:

[Facility Name/ID]
[Physical Address]
[Service Contact]

Description of Maintenance Services	Hours/Qty	Rate	Amount
[Service Item: e.g., HVAC Filter Replacement]	[0.00]	$[0.00]	$[0.00]
[Service Item: e.g., Electrical Safety Inspection]	[0.00]	$[0.00]	$[0.00]

Description of Maintenance Services	Hours/Qty	Rate	Amount
[Service Item: e.g., Plumbing Leak Check]	[0.00]	$[0.00]	$[0.00]

Subtotal: $[0.00]
Tax: $[0.00]
Total Balance Due: $[0.00]

TERMS & NOTES:

Payment is due within [30] days. Please include invoice number with your remittance.
Interim maintenance performed as per service contract agreement.