INVOICE

Maintenance Service: Interim

[CORPORATE NAME]

[Street Address]
[City, State, Zip]
[Tax ID / VAT]

BILL TO:

[Client Company Name]
[Client Address]
[Contact Person]

Invoice #: [00000]

Date: [Date]

Due Date: [Date]

PO #: [Reference]

SERVICE DESCRIPTION	ASSET ID	HOURS/QTY	RATE	AMOUNT
[Interim Maintenance Task A]	[SN-000]	0.0	$0.00	$0.00
[Parts / Consumables Replacement]	-	0	$0.00	$0.00

Subtotal	$0.00
Tax ([0]%)	$0.00
TOTAL DUE	**$0.00**

Payment Instructions:

Bank: [Bank Name] | SWIFT/BIC: [Code] | Account: [Number]

Note: Please include the invoice number in the payment reference.