SERVICE INVOICE

Interim Maintenance

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

BILL TO: [Customer Name]
[Customer Address]
[Contact Person]

INVOICE DETAILS: Invoice #: _____
Date: _____
PO #: _____

EQUIPMENT DESCRIPTION Model: _____
Serial #: _____
Meter/Hours: _____

SERVICE SCHEDULE Last Service: _____
Service Type: Interim / 6-Month
Technician: _____

Description of Service / Parts Used	Qty	Unit Price	Total

Subtotal: $ _____
Tax: $ _____
Amount Due: $ _____

Notes: Maintenance performed according to manufacturer specifications for interim intervals.

_____
TECHNICIAN SIGNATURE

_____
CUSTOMER ACCEPTANCE