INTERIM MAINTENANCE INVOICE

Facility Service Provider Co.
123 Maintenance Lane
City, State, Zip

Invoice #: _____
Date: _____
Service Period: _____

BILL TO

_____
_____
_____

FACILITY LOCATION

_____
_____
_____

Service Description / Equipment ID	Hours/Qty	Rate	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: $ _____
Tax: $ _____
Total Due: $ _____

NOTES & COMMENTS

Interim maintenance performed according to scheduled service interval.
All systems tested and verified operational.
Terms: Due upon receipt.