INDUSTRIAL MAINTENANCE CO.

123 Industrial Way, Suite 100
Manufacturing Hub, ST 12345
contact@industrialmaintenance.com

INVOICE

Invoice #: _____
Date: _____
Service Period: _____

INTERIM SERVICE BILLING

CLIENT INFORMATION

Customer: _____
Facility: _____
Address: _____
_____

EQUIPMENT / SITE DETAILS

Asset ID: _____
Maintenance Type: Interim / Preventative
Work Order Ref: _____

DESCRIPTION OF MAINTENANCE TASKS	HOURS / QTY	RATE / UNIT	TOTAL
Interim Inspection & Lubrication (Standard Protocol)			
Consumables & Parts Replaced (Filters, Seals, etc.)			

DESCRIPTION OF MAINTENANCE TASKS	HOURS / QTY	RATE / UNIT	TOTAL
System Calibration & Diagnostic Review			

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

MAINTENANCE TECHNICIAN NOTES

Payment Terms: Net 30 Days. Please include Invoice # on all remittances.

This is an interim maintenance service record. Final certification for this interval is contingent upon full payment. Thank you for your business.