SERVICE INVOICE

Mechanical Maintenance & Engineering

INVOICE NUMBER
#_____

DATE
____/____/20__

SERVICE PROVIDER
[Company Name]
[Street Address]
[City, State, Zip]
[License No / Tax ID]

BILL TO
[Client Name]
[Client Address]
[Project/Asset Location]
[Contact Phone]

ASSET / MACHINERY DETAILS
Model: _____
Serial No: _____

SERVICE TYPE
[ ] Emergency [ ] Scheduled [ ] Preventive

Description of Service / Parts	Qty/Hrs	Rate	Amount

Subtotal:
$0.00

Tax:
$0.00

Total Amount:
$0.00

NOTES & PAYMENT INSTRUCTIONS

Please make checks payable to _____. Net 30 payment terms apply unless otherwise specified. All parts supplied remain property of the provider until full payment is received.

_____
Technician Signature

_____
Client Acceptance Signature