QC MANAGEMENT INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____

Date: _____

Project ID: _____

Client / Contractor:

[Client Name]
[Company Name]
[Address]

Project Location:

[Site Name / Phase]
[Site Address]

QUALITY CONTROL SERVICES & INSPECTIONS

Date	Description of Inspection/Audit	Hours/Qty	Rate	Amount
	Site Safety & Quality Compliance Audit			
	Material Testing Coordination			
	Deficiency Tracking & Reporting (NCR)			

Date	Description of Inspection/Audit	Hours/Qty	Rate	Amount
	Final Walkthrough / Punch-list Management			

Subtotal: $0.00
Tax / VAT: $0.00

Total Due: $0.00

Notes / Payment Instructions:

[Insert bank details or payment terms here]

Quality Assurance Signature: _____ Date: _____