

# COMMISSIONING INVOICE

[Company Name]

[Address Line 1]

[Email/Phone]

**Invoice #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project ID:** \_\_\_\_\_

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## CLIENT DETAILS

[Customer Name]

[Installation Address]

[City, State, Zip]

## SYSTEM SPECIFICATIONS

**System Size:** \_\_\_\_\_ kW DC

**Inverter Model:** \_\_\_\_\_

**Battery Storage:** \_\_\_\_\_ kWh

Description of Commissioning Services	Qty/Hrs	Rate	Amount
Electrical Safety Inspection & Grounding Test			
PV Array Insulation Resistance (Megger) Testing			
Inverter Performance & Communication Setup			
Rapid Shutdown Functional Verification			
Grid-Tie Sync & Metering Verification			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

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**Notes:** All commissioning tests performed in accordance with IEC 62446 / local jurisdictional requirements. System operational status:  Pass  Fail

**Payment Terms:** Due within [X] days. Please make checks payable to [Company Name].