

# INVOICE

**Utility Provider Name**  
Industrial Services Division  
123 Treatment Plant Rd.  
City, State, Zip

**Invoice #:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Due Date:** \_\_\_\_\_

**BILL TO:**  
[Facility Name]  
[Facility Address]  
[Account Number]

**SERVICE PERIOD:**  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Description of Service/Parameter	Volume/Loading	Unit Rate	Total
Base Sewer Service Charge	1 Lot	\$	\$
Flow Volume (per 1,000 Gallons)		\$	\$
BOD (Biochemical Oxygen Demand) Surcharge		\$	\$
TSS (Total Suspended Solids) Surcharge		\$	\$

Description of Service/Parameter	Volume/Loading	Unit Rate	Total
FOG (Fats, Oils, Grease) Surcharge		\$	\$
Pretreatment Monitoring Fee	1	\$	\$
<b>TOTAL AMOUNT DUE:</b>			<b>\$</b>

**Meter Readings:**

Current: \_\_\_\_\_ | Previous: \_\_\_\_\_ | Consumption: \_\_\_\_\_

**Notes:** Industrial discharge is monitored per Permit #[\_\_\_\_\_]. Surcharges are calculated based on concentrations exceeding baseline domestic strength. Please make checks payable to "Utility Provider Name".