

# INVOICE

## HIGH VOLTAGE SAFETY INSPECTION

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

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

**Service Provider:**

[Company Name]

[License / Certification #]

[Address Line 1]

[Phone / Email]

**Client / Site Location:**

[Client Name]

[Site Address]

[Contact Person]

[Project/PO Reference]

Description of Safety Service	Qty / Hours	Rate	Amount
Visual Insulation & Grounding Audit			
Dielectric Strength Testing (Hipot)			
Arc Flash Hazard Assessment			
PPE & Signage Compliance Review			

Description of Safety Service	Qty / Hours	Rate	Amount
Consumables / Lab Fees			

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

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

**Total Due: \$ \_\_\_\_\_**

**Inspector Notes:** \_\_\_\_\_

**Payment Terms:** Net 30. Please make checks payable to the service provider listed above.

*Disclaimer: This inspection is a point-in-time assessment of safety standards. Continuous monitoring is required for high voltage environments.*