

SERVICE INVOICE

[Company Name]
[License Number]
[Contact Phone]

INVOICE #
DATE

CLIENT / FACILITY INFORMATION
EQUIPMENT SPECIFICATIONS

Manufacturer / Model:

Serial Number / Asset ID:

Voltage / Ampacity Rating:

Description of Service (Testing, Maintenance, Retrofit)	Hours / Qty	Rate	Amount

SERVICE TECHNICIAN NOTES & TEST RESULTS

Subtotal:\$
Tax / Fees:\$

TOTAL DUE:\$

TECHNICIAN SIGNATURE

CLIENT ACCEPTANCE

All service performed according to NETA/ANSI standards. Terms: Net 30.