

INVOICE

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

INVOICE #: _____
DATE: _____
DUE DATE: _____

CLIENT / CARRIER:

[Name]
[Billing Address]
[Contact Person]

SITE INFORMATION:

Site ID: _____
Site Name: _____
Coordinates: _____

Description of Service / Hardware	Qty/Hrs	Rate	Total
Tower Climb / Antenna Alignment			
RRU / Radio Module Replacement			
Cabling & Connector Weatherproofing			
System Diagnostics & Calibration			

Description of Service / Hardware	Qty/Hrs	Rate	Total
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Emergency Call-out Fee			
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Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

TECHNICIAN NOTES & FINDINGS:

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].
Thank you for your business regarding your network infrastructure.