

# MAINTENANCE INVOICE

Provider Name  
Address Line 1  
City, State, Zip  
Contact: (555) 000-0000

Invoice #: \_\_\_\_\_  
Date: \_\_\_\_\_  
PO #: \_\_\_\_\_

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**Bill To:**

Carrier/Client Name  
Accounts Payable Dept.  
Address Line 1  
City, State, Zip

**Site Details:**

Site ID: \_\_\_\_\_  
Site Name: \_\_\_\_\_  
Coordinates: \_\_\_\_\_  
Structure Type: \_\_\_\_\_

DESCRIPTION OF SERVICE / PARTS	QTY	UNIT PRICE	TOTAL
Tower Structural Inspection (Annual/Routine)			
RF Component Testing & Optimization			
Emergency Repair / Component Replacement			

DESCRIPTION OF SERVICE / PARTS	QTY	UNIT PRICE	TOTAL
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Grounding & Lightning Protection Audit

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

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

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

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**Terms:** Net 30 Days. Please make checks payable to [Company Name].

**Notes:** All maintenance performed according to TIA/EIA-222 standards. Inspection reports attached separately.