

SERVICE INVOICE

Data Center Cooling Solutions

Invoice #: [00000]

Date: [Date]

SERVICE PROVIDER

[Company Name]

[Address Line 1]

[City, State, Zip]

[Phone / Email]

BILL TO / SITE LOCATION

[Client Name]

[Facility Name / ID]

[Address Line 1]

[City, State, Zip]

Description of Maintenance Service	Unit/Qty	Rate	Amount
CRAC/CRAH Unit Inspection & Filter Replacement	[Qty]	\$0.00	\$0.00
Chilled Water Loop Pressure & Chemical Analysis	[Qty]	\$0.00	\$0.00
Condenser Coil Cleaning (External Units)	[Qty]	\$0.00	\$0.00
Refrigerant Charge & Leak Detection Test	[Qty]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

Total Balance Due: \$0.00

MAINTENANCE NOTES

All sensors calibrated to ASHRAE standards. Next scheduled PM due: [Date].

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