

FIBER OPTIC REPAIR SERVICE

Company Name
123 Network Way
Tech City, ST 54321

INVOICE #: _____
DATE: _____
P.O. #: _____

BILL TO:

SERVICE LOCATION:

Description of Service / Materials	Qty / Hrs	Unit Price	Total
Fiber Splicing (Single/Ribbon)			
OTDR Testing & Documentation			
Emergency Call-Out Fee			
Fiber Patch Cable / Pigtails			
Splice Closure / Enclosure			

Description of Service / Materials	Qty / Hrs	Unit Price	Total

Subtotal: \$ _____

Tax: \$ _____

TOTAL: \$ _____

Technician Notes: _____

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