

REPAIR INVOICE

Infrastructure Repair Services

Invoice #: _____

Date: _____

PO #: _____

SERVICE PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[License Number]

BILL TO / SITE LOCATION

[Client Name]

[Service Address/Coordinates]

[Contact Person]

[Phone Number]

INCIDENT / WORK DETAILS

Ticket Ref: _____ | Fault Type: _____

Description of Materials / Labor	Unit	Qty	Rate	Amount
Cabling / Fiber (Type: _____)	m/ft			
Splice Kits / Terminations	ea			
Hardware / Conduit / Fittings	ea			
Technician Labor Hours	hr			
Equipment Rental (Bucket Truck/Trench)	day			

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

PAYMENT TERMS

Net [] Days. Please make checks payable to [Company Name].

Wiring Instructions: [Bank Name] | Account: [Number] | Routing: [Number]

Fixed Line Infrastructure Maintenance & Repair Division