

INVOICE

Maintenance & Technical Services

Invoice #: _____

Date: _____

SERVICE PROVIDER

[Company Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

BILL TO

[Client Name]

[Client Address]

[Ground Station / Site ID]

[Contact Person]

Description of Maintenance / Parts	Quantity / Hours	Unit Price	Total
Antenna Alignment & Feed Horn Inspection			
RF Component Testing (LNB/BUC)			
Firmware Updates & Link Budget Validation			

Description of Maintenance / Parts	Quantity / Hours	Unit Price	Total
------------------------------------	------------------	------------	-------

Hardware Replacement: [Item Name]

Emergency On-Site Labor Rate

Subtotal: \$ _____
 Tax / VAT: \$ _____
 Grand Total: \$ _____

TECHNICAL NOTES / SERVICE REMARKS

Payment Terms: Net [30] Days. Please include Invoice Number on all wire transfers.