

INVOICE

[Your Company Name]
[Street Address]
[City, State, Zip]
[Phone / Email]

Invoice #: _____

Date: _____

Project ID: _____

PO Number: _____

BILL TO:

[Client Name]
[Client Company]
[Street Address]
[City, State, Zip]

SITE / INFRASTRUCTURE LOCATION:

[Site Name / Tower ID]
[Site Coordinates]
[Maintenance Manager Name]

Service Description (Labor / Hardware / Fiber)	Quantity / Hrs	Unit Price	Total
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Service Description (Labor / Hardware / Fiber)	Quantity / Hrs	Unit Price	Total
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Subtotal: \$ _____
 Tax Rate (%): _____
 Total Amount Due: \$ _____

PAYMENT TERMS & NOTES

Please remit payment within [30] days. Make all checks payable to **[Your Company Name]**.

Technical Support Coverage Period: [Start Date] to [End Date]