

VOIP MAINTENANCE INVOICE

Invoice ID: [0000]

Date: [Date]

Due Date: [Date]

PROVIDER INFORMATION

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

CLIENT INFORMATION

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

Description of Services	Qty/Hrs	Rate	Total
SIP Trunking Maintenance & Optimization	[0]	[\$[0.00]]	[\$[0.00]]
PBX Firmware Updates & Security Patching	[0]	[\$[0.00]]	[\$[0.00]]
QoS (Quality of Service) Monitoring	[0]	[\$[0.00]]	[\$[0.00]]

Description of Services	Qty/Hrs	Rate	Total
Hardware Inspections (IP Phones/Gateways)	[0]	[\$[0.00]	[\$[0.00]
			Subtotal: \$[0.00]
			Tax: \$[0.00]
			Total Due: \$[0.00]

NOTES / PAYMENT TERMS

Please make checks payable to [Company Name]. For electronic bank transfers, use the routing details provided in the service agreement. Maintenance covers services rendered for the billing cycle of [Date] to [Date].