

AIR QUALITY INSPECTION

[Company Name]
[Street Address]
[City, State, Zip]
[Phone Number]

INVOICE

Invoice #: [0000]
Date: [Date]
Due Date: [Date]

CLIENT INFORMATION

[Client Name]
[Property Address]
[City, State, Zip]
[Email/Phone]

INSPECTION SITE

[Site Name/Reference]
[Site Address]
[Inspector Name]
[License #]

Description of Service / Testing	Qty/Hours	Rate	Total
Initial On-Site Assessment & Indoor Air Sampling			
Laboratory Analysis (Mold/Volatile Organic Compounds)			

Description of Service / Testing	Qty/Hours	Rate	Total
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Detailed Inspection Report & Recommendations

Additional Sensor Monitoring (PM2.5 / CO2)

Subtotal: \$0.00

Tax Rate: 0%

Total Due: \$0.00

Notes: Payment is due within [X] days. Please make checks payable to [Company Name]. Thank you for your business regarding your indoor environmental health.