SERVICE INVOICE

Service Provider:
[Company Name]
[Address line 1]
[Email/Phone]

Invoice #: [0000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client / Site Location:

[Client Name]
[Wind Farm Name / Site ID]
[Turbine Serial Number(s)]
[Location Address]

Annual Service Details:

Service Year: 20__
Technician(s): [Names]
PO Number: [Reference]

Description of Service / Parts	Qty/Hrs	Rate	Amount
Annual Inspection (Gearbox, Generator, Hub)			
Hydraulic Fluid & Filter Replacement			

Description of Service / Parts	Qty/Hrs	Rate	Amount
Torque Verification & Bolt Tensioning			
Blade Inspection & Tip Brake Testing			
Miscellaneous Consumables (Grease, Sealants)			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: All maintenance performed according to manufacturer safety specifications. Please make checks payable to [Company Name].