INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

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

SITE INFORMATION:

Wind Farm: _____
Turbine ID: _____
GPS/Location: _____
Emergency Level: [ ] Critical [ ] High

Description of Repairs / Components	Qty/Hrs	Rate	Total
Emergency Mobilization Fee			
On-Site Technical Labor (Lead Tech)			

Description of Repairs / Components	Qty/Hrs	Rate	Total
Specialized Tooling/Cranage Rental			
Replacement Parts: _____			
Consumables & Lubricants			

Subtotal: $0.00
Tax (___%): $0.00

Total Amount: $0.00

Notes:
Service performed under emergency response protocol. Warranty covers workmanship for [__] days. Parts subject to manufacturer warranty.

Payment Instructions:
Please make checks payable to [Service Company Name] or via Wire Transfer to Account #_____.