INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Vessel Name/ID]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]

Client:
[Client Name]
[Project / Wind Farm Name]
[Billing Address]

Asset Details:
Turbine ID: [ID-000]
Location: [Coordinates/Block]
Service Type: [Routine/Emergency]

Description of Service / Parts	Quantity/Hours	Unit Price	Total
Scheduled Maintenance (Blade Inspection)	[0.0]	$[0.00]	$[0.00]
Gearbox Lubrication & Filter Change	[0.0]	$[0.00]	$[0.00]
Technical Crew Labor (Offshore Rate)	[0.0]	$[0.00]	$[0.00]
Replacement Component: [Part Name]	[0.0]	$[0.00]	$[0.00]

Subtotal: $[0.00]

Vessel/Logistics Surcharge: $[0.00]
Tax ([0]%): $[0.00]

Amount Due: $[0.00]

Payment Terms: Net [30] Days. Please include invoice number with remittance.
Notes: All offshore work compliant with GWO safety standards and environmental regulations.