MAINTENANCE INVOICE

Invoice #: _____

Date: _____

Service Provider:

_____

_____

Client / Site Location:

Wind Farm Name: _____

Operator Name: _____

Site Address: _____

Project Details:

Turbine ID(s): _____

Work Order #: _____

Service Period: _____

Description of Maintenance / Parts	Qty / Hours	Unit Price	Total
Scheduled Preventive Maintenance (PM)			
Component Replacement: _____			
Diagnostic & Corrective Labor			

Description of Maintenance / Parts	Qty / Hours	Unit Price	Total
Consumables (Oil, Filters, Grease)			

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

Payment Terms: Net 30 Days. Please make checks payable to the Service Provider above.

Notes: All maintenance performed according to OEM specifications and safety standards.