MAINTENANCE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

CLIENT:
[Client Name]
[Facility/Wind Farm Name]
[Billing Address]
ASSET DETAILS:
Turbine ID: _____
Model: _____
Location: _____

Service / Part Description	Quantity / Hours	Rate / Unit Price	Total
[e.g., Annual Preventative Maintenance]			
[e.g., Gearbox Oil Replacement]			
[e.g., Blade Inspection - Drone/Manual]			

Service / Part Description	Quantity / Hours	Rate / Unit Price	Total
[e.g., Emergency Component Repair]			

Subtotal: $ _____
Tax: $ _____
Total Amount Due: $ _____

Maintenance Notes:
[Describe specific findings, component wear levels, or health status of the turbine here.]

Payment Terms: Please make checks payable to [Company Name]. For bank transfers, use [Routing/Account Numbers].