INVOICE

[Service Provider Name]
[Street Address]
[City, State, Zip]

Invoice #: _____
Date: _____
PO #: _____

Client / Farm Owner:

[Client Name]
[Wind Farm Location/ID]
[Billing Address]

Maintenance Details:

Turbine ID(s): _____
Service Type: Scheduled Inspection
Technician(s): _____

Description of Services / Parts	Qty/Hrs	Rate	Amount
Annual Gearbox & Bearing Lubrication			
Blade Inspection & Pitch System Check			
Generator Alignment & Torque Verification			

Description of Services / Parts	Qty/Hrs	Rate	Amount
Replacement Parts: [Specify Filters/Seals]			

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

Notes: All maintenance performed according to OEM specifications. Next scheduled service due: _____

Payment Terms: Net 30 Days. Please make checks payable to [Company Name].