MAINTENANCE INVOICE

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

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / FARM OPERATOR

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

PROJECT REFERENCE

Work Order: _____
PO Number: _____

TURBINE TECHNICAL DETAILS

Unit ID: _____ **Model:** _____ **Hub Height:** _____

Service / Part Description	Qty/Hrs	Rate	Amount
[e.g., Scheduled PM - 5000hr Inspection]			
[e.g., Blade Leading Edge Repair]			
[e.g., Gearbox Oil Replacement]			

Service / Part Description	Qty/Hrs	Rate	Amount
[e.g., Consumables & Specialized Tooling]			

Subtotal: $0.00
Tax Rate (%): 0.00%
Total Due: $0.00

Payment Terms: Net 30. Please include Invoice # in wire transfer details.

Certification: All maintenance performed according to OEM specifications and safety protocols.