WIND SERVICE INVOICE

Technician ID: _____
License No: _____

Invoice #: _____

Date: _____

CLIENT & SITE LOCATION

Name: _____

Farm Name: _____

Turbine S/N: _____

TECHNICAL SPECIFICATIONS

Model: _____

Tower Height: _____

Hub Hours: _____

Work Description / Maintenance Logs:

Item / Component Part #	Description of Service/Part	Qty/Hrs	Rate	Amount

Subtotal: $_____
Tax (___%): $_____
Total Amount: $_____

Notes: All maintenance performed according to manufacturer safety standards and torque specifications. Warranty on parts valid for ____ days.

_____
Technician Signature

_____
Site Manager Signature