INVOICE

Service Provider: _____

License No: _____

Invoice #: _____

Date: _____

PO #: _____

Client / Farm Operator:

_____
_____
_____

Site Location:

Site ID: _____
Grid Connection Point: _____
_____

Turbine ID: _____
Model: _____
Capacity (MW): ____
Generator Type: _____
Transformer ID: _____
Voltage Level: _____

Description of Electrical Services / Components	Qty/Hrs	Unit Price	Total
SCADA System Diagnostic/Calibration			

Description of Electrical Services / Components	Qty/Hrs	Unit Price	Total
Inverter/Converter Module Replacement			
High Voltage Switchgear Maintenance			
Slip Ring Assembly Cleaning/Inspection			
Cabling and Grounding Verification			

Subtotal: $ _____
Tax: $ _____

Balance Due: $ _____

Notes / Technical Observations: