INVOICE

Service Company Name
123 Renewable Way
Energy City, ST 56789

Invoice #: _____
Date: _____
Due Date: _____

CLIENT / WIND FARM INFO

Customer Name:
Site Name:
Turbine ID/Serial #:
Location/Coordinates:

WORK DETAILS

Work Order #:
Technician(s):
Service Type:
Repair Status:

Description of Parts & Labor	Qty/Hrs	Unit Price	Amount

Description of Parts & Labor	Qty/Hrs	Unit Price	Amount

Subtotal: $ _____
Tax: $ _____
TOTAL DUE: $ _____

NOTES / WARRANTY TERMS

Payment Terms: Net 30. Please include Invoice # on remittance.