INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[License #]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Contact Email/Phone]

SITE/PROJECT INFORMATION:

Wind Farm Name: _____
Turbine ID(s): _____
Inspection Type: [ ] Annual [ ] Post-Storm [ ] End of Warranty

DESCRIPTION OF INSPECTION SERVICES	QTY/HRS	RATE	AMOUNT
Visual Tower Interior/Exterior Inspection			
Bolt Torque Tension Testing			
Weld Ultrasonic/Magnetic Particle Testing			
Drone/Aerial Structural Imaging			

DESCRIPTION OF INSPECTION SERVICES	QTY/HRS	RATE	AMOUNT
Equipment Rental (Lifts/Safety Gear)			

Subtotal: $_____

Tax: $_____

Total Balance Due: $_____

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

Notes: All safety protocols were followed in accordance with GWO standards. Full inspection reports and high-resolution imagery are attached to this invoice.