

UTILITY AUDIT SOLUTIONS

123 Business Way, Suite 500
Corporate City, ST 90210

INVOICE

Date: [Date]
Invoice #: [0000]
PO #: [Optional]

Client Information:

[Client Company Name]
[Contact Name]
[Street Address]
[City, State, Zip]

Audit Period:

[Start Date] to [End Date]
Facility ID: [Reference #]

UTILITY CATEGORY	IDENTIFIED ANNUAL SAVINGS	SHARING %	AMOUNT DUE
Electricity Tariff Optimization	\$0.00	0%	\$0.00
Natural Gas Contract Audit	\$0.00	0%	\$0.00
Water & Sewage Recovery	\$0.00	0%	\$0.00
Telecommunications Surcharge Audit	\$0.00	0%	\$0.00

Subtotal: \$0.00

Tax (0%): \$0.00
TOTAL DUE: \$0.00

Payment Terms: Net 30. Please make checks payable to "Utility Audit Solutions".
Note: Fees are calculated based on realized or identified savings per the Master Service Agreement.