

INDUSTRIAL WASTE AUDIT INVOICE

Facility Compliance & Disposal Services

Invoice #: _____

Date: _____

CLIENT / GENERATOR

AUDIT DETAILS

Audit Period: _____

EPA ID #: _____

Site Location: _____

Waste Stream / Service Description	Classification	Quantity	Unit Price	Amount
On-site Compliance Audit & Sampling	Service			
Hazardous Waste Characterization	Lab Fee			
Processing & Neutralization Fee	Industrial			
Transport & Manifest Documentation	Logistics			

Waste Stream / Service Description

Classification

Quantity

Unit Price

Amount

Subtotal: \$ _____

Regulatory Surcharge: \$ _____

TOTAL DUE: \$ _____

Terms: Net 30 Days. Please include Invoice # with payment.

Certification: The services above were performed in accordance with applicable environmental regulations and safety protocols.