

GAS UTILITY AUDIT PRO

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Houston, TX 77002
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INVOICE

Invoice #: _____
Date: _____
Audit ID: _____

CLIENT INFORMATION

Utility Provider: _____
Facility Address: _____
Contact Person: _____

AUDIT SCOPE

Regulatory Body: _____
Audit Period: _____
Classification: _____

Service Description	Reference Code	Hours/Qty	Rate	Amount
Pipeline Integrity Risk Assessment	ASME B31.8S			
Methane Leak Detection & Quantification	EPA Subpart W			

Service Description	Reference Code	Hours/Qty	Rate	Amount
Regulatory Compliance Documentation Review	PHMSA 192			
On-site Pressure Testing Verification	UTIL-SAF-04			
<p>Subtotal: \$ _____</p> <p>Regulatory Filing Fees: \$ _____</p> <p>TOTAL DUE: \$ _____</p>				

Payment Terms: Net 30 days. Please include Invoice Number with your wire transfer or check.

Certification: This audit was performed in accordance with industry safety standards and local utility commission regulations. Certificates of inspection are attached to this electronic record.