

WDO INSPECTION INVOICE

Company Name
License #
Address
Phone / Email

Invoice #: _____
Date: _____

CLIENT INFORMATION Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

INSPECTION SITE Address: _____
City/State/Zip: _____
Structure Type: _____
Real Estate Ref #: _____

| Description of Services (Wood Destroying Organisms) | Amount |
|---|--------|
| Standard Wood Destroying Organism (WDO) Inspection | \$ |
| Travel / Mileage Fee | \$ |
| Additional Outbuildings / Structures | \$ |
| Reporting / Administrative Fees | \$ |
| Subtotal | \$ |

| Description of Services (Wood Destroying Organisms) | Amount |
|---|--------|
| Tax | \$ |
| TOTAL DUE | \$ |

NOTES / FINDINGS SUMMARY

INSPECTOR SIGNATURE _____
 PAYMENT STATUS Cash Check # _____ Credit Card

Thank you for your business. Please make checks payable to the company name listed above.