

FIRE SPRINKLER INSTALLATION INVOICE

Company Name: _____
License #: _____
Address: _____

Invoice #: _____ Date: _____ Project #: _____

Billing Information:

Customer Name: _____
Address: _____
City/State/Zip: _____

Site Location:

Occupancy Type: _____
Address: _____
Contact Name: _____

Description of Materials / Equipment	Qty	Unit Price	Total
Sprinkler Heads (Type: _____)	_____	\$ _____	\$ _____
Piping & Fittings (Material: _____)	_____	\$ _____	\$ _____
Riser Assembly / Valves	_____	\$ _____	\$ _____
Backflow Preventer / Pump Equipment	_____	\$ _____	\$ _____
Description of Labor / Services	Hours	Rate	Total

Description of Materials / Equipment	Qty	Unit Price	Total
System Design & Hydraulic Calculations	_____	\$ _____	\$ _____
Installation Labor	_____	\$ _____	\$ _____
Hydrostatic Testing & Certification	_____	\$ _____	\$ _____
Permit Fees & Inspection Coordination	-	-	\$ _____

Subtotal: \$ _____

Tax: \$ _____

Total Due: \$ _____

Notes: All installations performed in accordance with NFPA standards and local fire codes.

Payment Terms: Net ____ days. Please make checks payable to _____.