VENTILATION INVOICE

[Company Name]
[Phone / Email]

Invoice #: _____
Date: _____

BILL TO:

[Customer Name]
[Address Line 1]
[City, State, Zip]

SERVICE LOCATION / UNIT ID:

[Building/Suite]
[System Model/Serial]
[Next Service Date]

Description of Maintenance Tasks	Qty/Hrs	Rate	Amount
Filter Replacement (HEPA/MERV)			
Duct Inspection & Cleaning			
Blower Motor & Fan Belt Service			
System Calibration & Testing			
Parts/Materials: [_____]			

Subtotal: $0.00
Tax: $0.00
Total Due: $0.00

TECHNICIAN NOTES:

Payment Terms: Net 30 days. Please make checks payable to [Company Name].