LEAK INSPECTION INVOICE

[Company Name]
[Phone Number]
[License #]

Invoice #: _____
Date: _____

Client Information

Name: _____
Address: _____
City/Zip: _____

Inspection Site

Property Type: _____
Occupancy: _____
Contact: _____

Description of Service / Findings	Qty/Hrs	Rate	Total
Initial Pressure Testing / Electronic Detection			
Visual Inspection (Fixtures & Main Line)			
Parts/Materials used for Temporary Patch			

Specific Leak Location / Notes:
Subtotal: $_____
Tax: $_____

Total Due: $_____

Terms: Payment due upon completion of inspection. This invoice covers the inspection/detection phase only. Permanent repairs may require a separate estimate.

Customer Signature: _____ Date: _____