INVOICE

[Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[Client Contact]

SERVICE LOCATION:

[Site/Venue Name]
[Room/Suite Number]
[Project Reference]

Description of AV Maintenance / Parts	Qty/Hrs	Rate	Amount
Preventative Maintenance Check (Projectors/Displays)			
System Firmware Updates & Recalibration			
Replacement Parts / Cabling: [List Items]			
On-site Technical Labor			

Subtotal: $0.00
Tax: $0.00

Total Due: $0.00

Notes: All maintenance services are subject to the terms of the Audio Visual Service Agreement.

Payment Instructions: Please make checks payable to [Company Name] or pay via [Payment Method].