SERVICE INVOICE

[Company Name]
[Address Line 1]
[City, State, Zip]
[Email/Phone]

Invoice #: _____
Date: _____
Due Date: _____

BILL TO:

_____
_____
_____

VESSEL / EQUIPMENT DETAILS:

Vessel Name: _____
Equipment: Echo Sounder
Model/Serial: _____

Description of Calibration Services	Qty	Unit Price	Amount
Standard Echo Sounder Calibration & Bench Test			
Transducer Impedance Check			
Travel / On-site Service Fee			
Consumables & Technical Documentation			

Subtotal: $ _____
Tax: $ _____
Total: $ _____

Notes / Calibration Results: _____

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