# INVOICE

[Company Name]
[Address]
[Phone / Email]

**Invoice #:** _____
**Date:** _____

CLIENT INFORMATION

Name: _____
Address: _____
Phone: _____

SERVICE LOCATION

Marina/Yard: _____
Slip/Rack: _____

**Vessel / Hardware Details:**

Make/Model: _____ Transducer Model: _____ Mount Type: [ ] Thru-Hull [ ] Transom [ ] In-Hull

| Description of Service / Parts | Qty/Hrs | Rate | Amount |
|---|---|---|---|
| Hull Preparation & Drilling/Mounting | | | |
| Cable Routing & Sealant Application | | | |
| Hardware: Marine Grade Sealant / Fairing Block | | | |
| Integration & System Calibration | | | |

| Description of Service / Parts | Qty/Hrs | Rate | Amount |
|---|---|---|---|

Subtotal: $_____
Tax: $_____

**Total: $_____**

**Notes:** All thru-hull installations are pressure tested. Sea trial validation pending client schedule.

**Payment Terms:** Due upon completion of installation.