SERVICE INVOICE

Service Company Name
Address Line 1
Contact/Email

Invoice #: _____
Date: _____
Service Order: _____

Vessel Details Vessel Name: _____
IMO Number: _____
Flag State: _____
Location/Port: _____
Equipment Details Manufacturer: _____
Model/Type: _____
Serial Number: _____
Running Hours: _____

Description of Maintenance / Parts	Qty	Unit Price	Total
Annual Gyro Overhaul / Calibration			
Gyrosphere / Sensitive Element Exchange			
Supporting Fluid & Gaskets Kit			
Engineer Labor Hours			

Description of Maintenance / Parts	Qty	Unit Price	Total
Travel & Subsistence			

Subtotal: $_____
Tax/VAT: $_____

TOTAL: $_____

Technical Remarks

_____
Service Engineer Signature

_____
Master/Chief Officer Signature & Stamp

Payment Terms: Net 30 Days. All parts remain property of the vendor until full payment is received.