INVOICE

[Service Company Name]
[License/Certification Number]

Date: _____
Invoice #: _____

YACHT & OWNER INFORMATION

Vessel Name: _____
Make/Model: _____
MMSI/Registration: _____
Owner Name: _____

BILLING DETAILS

Address: _____
_____
Email: _____
Phone: _____

Navigation System Service Description	Qty/Hrs	Rate	Total
Radar/AIS Calibration & Diagnostics			
Chartplotter/ECDIS Software Updates			
Autopilot Sensor Realignment			
NMEA 2000 Network Integrity Test			
Hardware Components/Parts:			

Subtotal: $_____

Tax: $_____

Total Amount Due: $_____

TECHNICIAN NOTES

Terms: Payment due within [X] days. Electronic navigation systems require periodic calibration. Warranty applies to labor for [X] days only.

Payment Instructions: [Bank Transfer Details / Check Payable To]