

[COMPANY NAME]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____

Date: _____

Due Date: _____

BILL TO:

[Client Name]
[Client Address]
[City, State, Zip]
[Contact Name]

INSPECTION SITE:

[Site Name/Location ID]
[Site Address]
[City, State, Zip]

DESCRIPTION OF INSPECTION SERVICES	QTY/UNITS	RATE	AMOUNT
Annual CCTV System Audit & Lens Calibration			

DESCRIPTION OF INSPECTION SERVICES**QTY/UNITS****RATE****AMOUNT**

Access Control Panel & Reader Battery
Testing

Intrusion Alarm Sensor & Perimeter
Check

Software Firmware Updates & Cloud
Backup Sync

Subtotal: \$0.00
Tax Rate (%): 0.00%
Tax Amount: \$0.00
Total Due: \$0.00

Notes: All inspections performed according to national security standards. Certification reports attached.

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