

MAINTENANCE INVOICE

CCTV & Security Solutions

INVOICE #
DATE

CLIENT INFORMATION

Name: _____

Address: _____

Contact: _____

SYSTEM DETAILS

Site Location: _____

System Type: _____

Technician ID: _____

| Description of Maintenance / Parts Replaced | Qty | Unit Price | Amount |
|---|-----|------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Subtotal: \$ _____

Labor/Service Fee: \$ _____

Tax: \$ _____

TOTAL DUE: \$ _____

NOTES / OBSERVATIONS:

Payment is due within 15 days. Please make checks payable to the company name listed above.

Technician Signature

Client Signature