

SERVICE INVOICE

Electronic Surveillance Systems

Invoice #: _____

Date: ____ / ____ / ____

SERVICE PROVIDER

Company Name: _____

Address: _____

License #: _____

Phone: _____

CLIENT INFORMATION

Name: _____

Site Address: _____

Contact: _____

Account #: _____

SYSTEM & FAULT DESCRIPTION

System Type (CCTV/NVR/DVR/IP): _____

Reported Issue: _____

Description of Parts / Materials	Qty	Unit Price	Amount
Labor & Technical Services	Hours	Rate	Amount
Diagnostic Fee / Call-out			

Labor & Technical Services	Hours	Rate	Amount
Repair/Configuration Labor			

Subtotal:\$ _____

Tax:\$ _____

Total Due:\$ _____

TECHNICIAN NOTES & WARRANTY

Work performed: _____

Terms: Net 30. All surveillance hardware repairs carry a 90-day warranty on labor.

Client Signature: _____ Date: _____