

# INVOICE

Maintenance Service: Perimeter Security

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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**PROVIDER:**

\_\_\_\_\_

License No: \_\_\_\_\_

**CLIENT / SITE:**

\_\_\_\_\_

Contact: \_\_\_\_\_

Service Description (Sensors, Fencing, CCTV, Alarms)	Qty/Hrs	Rate	Amount
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Periodic Maintenance Inspection & Testing

Component Replacement / Repair

Firmware/Software Updates & Calibration

Emergency Call-out Fee

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Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**TOTAL DUE: \$** \_\_\_\_\_

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**Payment Terms:** Due within \_\_\_\_ days. Please make checks payable to the Provider name listed above.

**Maintenance Notes:** \_\_\_\_\_

**Next Scheduled Service Date:** \_\_\_\_\_