

SERVICE INVOICE

[Your Security Company Name]
[Street Address]
[City, State, Zip]
[Phone Number] | [Email/Website]

Invoice #: [00000]
Date: [MM/DD/YYYY]
Due Date: [MM/DD/YYYY]
Account #: [ACC-000]

BILL TO

[Client Name]
[Client Business Name]
[Billing Address]
[City, State, Zip]

SITE LOCATION / SYSTEM

Site: [Installation Address or Building Name]
System Type: [CCTV / Access Control / Intrusion]
Service Type: [Preventative Maintenance / Emergency Repair]

Description of Maintenance / Parts	Qty	Unit Price	Amount
[Service Description: e.g., Quarterly Camera Cleaning & Firmware Update]	1	\$0.00	\$0.00
[Hardware Replacement: e.g., 12V 7Ah Backup Battery]	0	\$0.00	\$0.00

Description of Maintenance / Parts	Qty	Unit Price	Amount
[Labor: e.g., Technical On-site Hours]	0	\$0.00	\$0.00

Subtotal: \$0.00
Tax Rate ([0] %): \$0.00
Total Amount: \$0.00

TECHNICIAN NOTES

[Insert summary of system health, identified vulnerabilities, or recommended upgrades here.]

Payment Terms: Net [30] days. Please make checks payable to [Your Company Name].
License Information: [State Security License #000000]