

MAINTENANCE INVOICE

Biomedical Services Division

Invoice #: _____

Date: _____

SERVICE PROVIDER

[Organization Name]

[Street Address]

[City, State, Zip]

[Phone / Email]

CLIENT / FACILITY

[Clinical Dept/Hospital Name]

[Department Location]

[Contact Person]

[Purchase Order #]

EQUIPMENT IDENTIFICATION

| Device Name / Model | Serial Number | Asset Tag | Service Type |
|---------------------|---------------|-----------|--------------------------|
| [Monitor Model] | [S/N] | [ID-000] | Preventative Maintenance |

SERVICE DETAILS

| Description of Parts/Labor | Qty/Hrs | Unit Price | Amount |
|------------------------------|---------|------------|--------|
| Calibration & Safety Testing | | | |
| Replacement Battery Pack | | | |

| Description of Parts/Labor | Qty/Hrs | Unit Price | Amount |
|----------------------------|---------|------------|--------|
|----------------------------|---------|------------|--------|

| | | | |
|-----------------------------|--|--|--|
| Lead Wire/Sensor Inspection | | | |
|-----------------------------|--|--|--|

| | | | |
|-----------|--|--|--|
| Labor Fee | | | |
|-----------|--|--|--|

Subtotal: \$0.00
Tax: \$0.00
Total Due: \$0.00

Certification: This monitor has been tested according to IEC 60601-1 safety standards and manufacturer specifications.

Next Service Due: _____

Technician Signature: _____