

[Service Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[Email/Website]

INVOICE

Invoice #: _____
Date: _____
P.O. #: _____

CUSTOMER / BILL TO

[Institution/Lab Name]
[Department]
[Contact Name]
[Billing Address]

INSTRUMENT INFORMATION

Manufacturer: _____
Model/System: _____
Serial Number: _____
Asset ID: _____

SERVICE SUMMARY

Service Type: Emergency Repair PM (Preventative Maintenance) IQ/OQ/PQ
Calibration

Description of Parts / Labor	Part #	Qty/Hrs	Unit Price	Total
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Description of Parts / Labor	Part #	Qty/Hrs	Unit Price	Total
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Subtotal: \$ _____

Tax: \$ _____

Total Amount Due: \$ _____

ENGINEER'S NOTES & FIELD OBSERVATIONS

[Insert detailed report of diagnostics, error codes resolved, and verification tests performed here]

Service Engineer Signature:

Customer Acceptance Signature:

Payment Terms: Net 30 Days. All parts provided include a 90-day warranty unless otherwise specified. Please make checks payable to [Service Company Name].