

INVOICE

Service Provider:

License/Cert No:

Invoice #:

Date:

Client/Facility Information:

Name:

Address:

Contact:

Device Information:

Model:

Serial Number:

Asset ID:

Description of Service / Parts Used	Qty	Unit Price	Total

Subtotal	
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Tax	
Grand Total	

Technician Findings & Notes:

Technician Signature: _____

Client Acceptance Signature: _____

This device has been tested for electrical safety and functional calibration according to OEM specifications.

Payment Terms: Net Days