

CALIBRATION SERVICE INVOICE

ISO 13485 Certified Laboratory

[Your Company Name]
[Street Address]
[City, State, Zip]
[Email/Phone]

Invoice #: [000000]
Date: [MM/DD/YYYY]
P.O. Number: [Reference #]

BILL TO:

[Client Name/Hospital]
[Department]
[Street Address]
[City, State, Zip]

FACILITY CONTACT:

[Clinical Engineer Name]
[Direct Extension]
[Email Address]

Sensor Description / Serial #	NIST Traceable ID	Service Type	Qty	Unit Price	Total
[Model Name / SN: 12345]	[CERT-889]	Annual Calibration	[0]	\$0.00	\$0.00
[Model Name / SN: 67890]	[CERT-890]	Repair & Recalibration	[0]	\$0.00	\$0.00

Subtotal: \$0.00
Tax: \$0.00
Total Amount: \$0.00

Notes: All calibrations are performed using standards traceable to NIST. Certificates of Calibration are attached to this invoice. Payment is due within [30] days.

Authorized Signature: _____