

# INVOICE

Maintenance & Technical Service

**Invoice #:** [0000]  
**Date:** [MM/DD/YYYY]

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**Service Provider:**

[Company Name]  
[Address Line 1]  
[City, State, Zip]  
[Phone/Email]

**Client / Facility:**

[Facility Name]  
[Department]  
[Address Line 1]  
[Contact Name]

Equipment / Serial No.	Service Description	Qty/Hrs	Rate	Amount
[Patient Monitor X1]	Preventive Maintenance & Calibration	[0]	\$0.00	\$0.00
[Central Station]	Software Update & Connectivity Test	[0]	\$0.00	\$0.00
[Replacement Parts]	ECG Leads / NIBP Cuffs	[0]	\$0.00	\$0.00

Subtotal: \$0.00

Tax: \$0.00

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**Total Due: \$0.00**

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**Payment Terms:** Net [30] Days. Please make checks payable to [Company Name].  
**Notes:** All devices tested according to [IEC 60601] safety standards.