SAFETY INSPECTION INVOICE

INVOICE NUMBER	DATE OF ISSUE	INSPECTION DATE	DUE DATE

CLIENT / BILLING TO	INSPECTION SITE / LOCATION

LEAD INSPECTOR NAME	CERTIFICATION / LICENSE NO.	FACILITY CONTACT PERSON	PO / REFERENCE NO.

SAFETY INSPECTION SERVICE / ITEM DESCRIPTION	QTY / HOURS	UNIT PRICE	TOTAL AMOUNT

Subtotal	
Permit / Cert Fee	
Tax / VAT	
Total Due	

INSPECTOR SIGNATURE

CLIENT ACCEPTANCE SIGNATURE

Inspection Notes & Payment Terms