INVOICE

Invoice No:

Date:

Due Date:

CLIENT / BILL TO

SERVICE LOCATION / SITE

DATE	GUARD NAME / ID	SHIFT (DAY/NIGHT)	DESCRIPTION OF SERVICE	HOURS	RATE	TOTAL

PAYMENT INSTRUCTIONS / TERMS

Subtotal:

Tax / VAT:

Total Due:

Authorized Signature (Service Provider)

Client Signature (Acknowledgment of Hours)

Thank you for choosing our security services.