# HSE AUDIT BILLING

| | |
|---|---|
| Invoice No. | |
| Date | |
| Due Date | |
| PO Number | |

## CLIENT INFORMATION

## SITE / LOCATION DETAILS

| DESCRIPTION OF SAFETY INSPECTION / AUDIT SERVICE | HOURS / QTY | RATE | TOTAL AMOUNT |
|---|---|---|---|
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| | |
|---|---|
| Subtotal | |
| Tax Rate (%) | |
| Tax Amount | |
| **Total Due** | |

**PAYMENT TERMS & NOTES**

Authorized Inspector Signature

Client Representative Signature