

# INVOICE

Invoice No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Due Date: \_\_\_\_\_

## BILL TO

## QC / INSPECTION DETAILS

Report Ref: Inspection Date: Factory Name: AQL  
Standard:

#	SERVICE DESCRIPTION (PRODUCT / PO NUMBER)	MAN-DAYS / QTY	UNIT RATE	TOTAL AMOUNT
1				
2				
3				
4				

## PAYMENT METHOD & TERMS

Subtotal: \_\_\_\_\_  
Tax / VAT: \_\_\_\_\_  
Other / Travel: \_\_\_\_\_  
**Total Due:** \_\_\_\_\_

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Approved By (Client Representative)

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