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# INVOICE

Quality Control Services

INVOICE NO.
DATE
DUE DATE
P.O. NUMBER

## CLIENT / BILL TO

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## INSPECTION FACILITY / SITE

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QUALITY CONTROL REFERENCE
PROJECT / BATCH REFERENCE
LEAD QUALITY INSPECTOR
STANDARDS / PROCEDURES APPLIED

SERVICE / TEST DESCRIPTION	STANDARD / METHOD REFERENCE	HOURS / QTY	UNIT RATE	TOTAL
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SERVICE / TEST DESCRIPTION

STANDARD /  
METHOD  
REFERENCE

HOURS / QTY

UNIT RATE

TOTAL

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**Subtotal** \_\_\_\_\_

**Tax / VAT**

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**Total Due**

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**Payment Terms & Instructions**

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Authorized Signature