INVOICE

Invoice No: _____

Date: _____

Due Date: _____

CLIENT / BILLING DETAILS

INSPECTION SITE LOCATION

LEAD INSPECTOR	CERTIFICATION NO.	INSPECTION DATE	NEXT INSPECTION DUE

SAFETY EQUIPMENT / SERVICE DESCRIPTION	SERIAL / TAG ID	STATUS (PASS/FAIL)	UNIT PRICE	TOTAL

Subtotal: _____

Tax/VAT: _____

Total Due: _____

_____

Inspector Signature

_____

Client Representative Signature

Terms & Conditions / Safety Compliance Notice:

All equipment marked "Pass" has been inspected in accordance with regulatory safety standards on the date of service. The certificate of compliance will be issued upon receipt of full payment. Please remit payment within the specified terms.